Report On Health Conditions In The Northwest Territories

Regional Director Medical Services N.W.T. Region
National Health and Welfare, Canada

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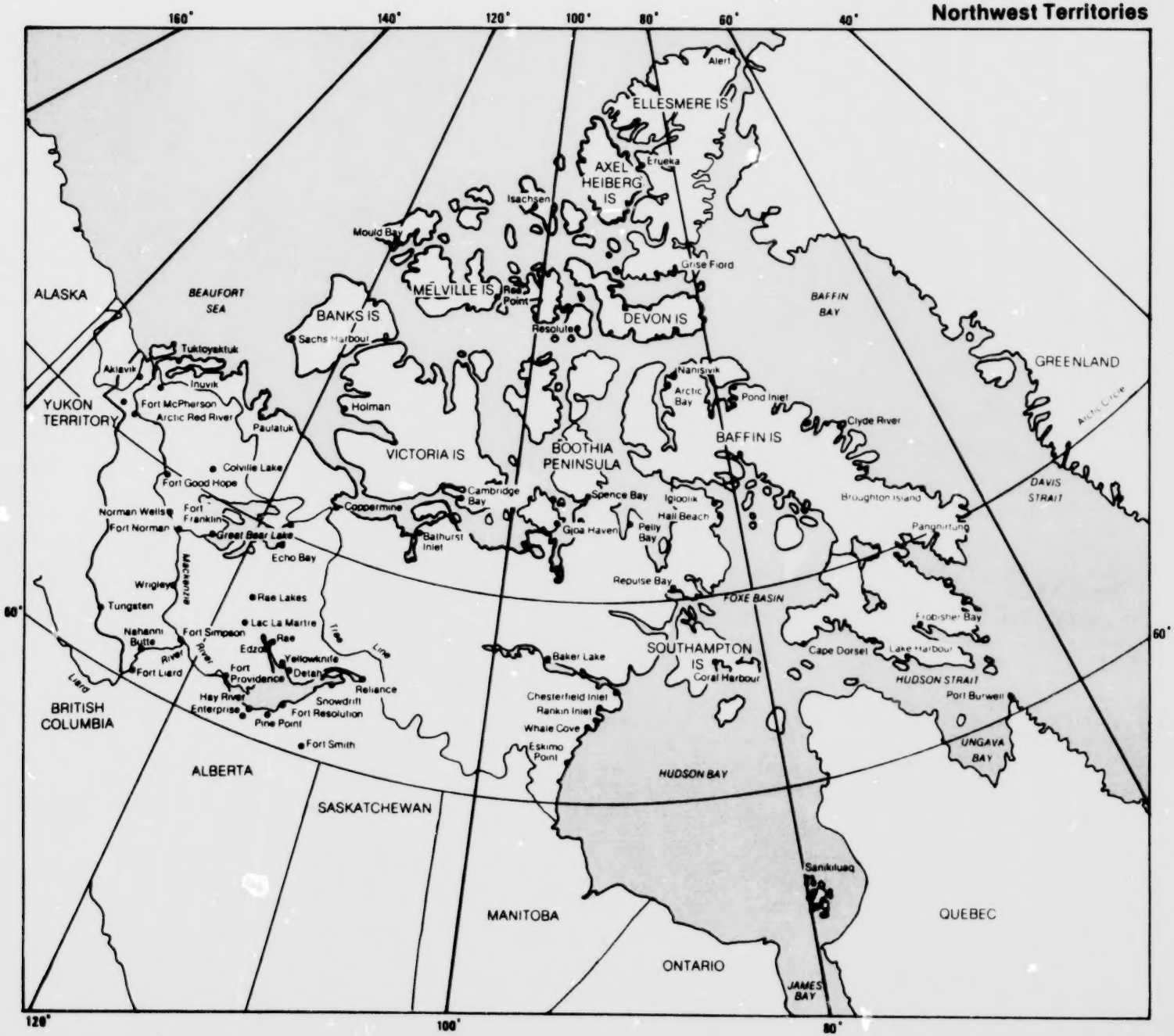
Northwest Territories
160°
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ALASKA
BEAUFORT SEA
YUKON TERRITORY
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ALBERTA
SASKATCHEWAN
MANITOBA
ONTARIO
QUEBEC
BANKS IS
MELVILLE IS
DEVON IS
ELLESMERE IS
AXEL HEIBERG IS
VICTORIA IS
BOOTHIA PENINSULA
BAFFIN IS
BAFFIN BAY
GREENLAND
DAVIS STRAIT
HUDSON BAY
FOXE BASIN
HUDSON STRAIT
SOUTHAMPTON IS
UNGAVA BAY
JAMES BAY
Alert
Eureka
Isachsen
Mould Bay
Grise Fiord
Resolute
Sachs Harbour
Tuktoyaktuk
Aklavik
Inuvik
Fort McPherson
Arctic Red River
Holman
Paulatuk
Colville Lake
Fort Good Hope
Norman Wells
Fort Norman
Fort Franklin
Great Bear Lake
Echo Bay
Coppermine
Cambridge Bay
Bathurst Inlet
Spence Bay
Gjoa Haven
Pelly Bay
Repulse Bay
Igloolik
Hall Beach
Nanisivik
Arctic Bay
Pond Inlet
Clyde River
Broughton Island
Pangnirtung
Frobisher Bay
Cape Dorset
Lake Harbour
Port Burwell
Wrigley
Tungsten
Nahanni Butte
Fort Simpson
Rae Lakes
Lac La Martre
Rae
Edzo
Yellowknife
Detah
Fort Providence
Fort Liard
Hay River
Enterprise
Snowdrift
Fort Resolution
Pine Point
Fort Smith
Reliance
Mackenzie River
Liard River
Tree Line
Baker Lake
Chesterfield Inlet
Rankin Inlet
Whale Cove
Eskimo Point
Coral Harbour
Sanikiluaq

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'BAKER LAKE'

VanBridge
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INTRODUCTION

Northern Health Services, commonly known as Medical Services Branch, N.W.T. Region, operates a public health program for all residents of the Northwest Territories, including maternal and child health clinics, adult health, communicable disease control, water and sanitation inspection, home visiting, screening, health education and immunization programs. In addition, treatment services are provided to all residents if necessary.

At the present time, the responsibility for health care is shared with the Government of the Northwest Territories and the Federal Department of Health and Welfare Canada. The Department of Health, Government of the Northwest Territories, is responsible for four hospitals: Stanton Yellowknife Hospital, Hay River Hospital, Fort Smith Health Centre, and Baffin Regional Hospital. In addition, the Government of the Northwest Territories manages the hospital insurance and health care plans and supplementary health care benefits, including a pharmacare program to residents 65 years of age and over. The Government of the Northwest Territories now legislates ordinances which control health activities in the Northwest Territories.

Medical Services Branch, N.W.T. Region, operates one hospital, the Inuvik General Hospital, and two cottage hospitals, one at Fort Simpson and one at Rae Edzo. In addition, there are 39 nursing

stations, 8 health centres and a number of health stations.

Nursing Stations are located in settlements with populations of 150 - 1,000 people. The number of nurses at the nursing station is based upon the population served and the particular needs of the community. As a general rule, the number will vary from one to four. The general design of a nursing station provides for: (a) treatment area; (b) inpatient acute care beds for adults, children and infants for treatment of minor or uncomplicated illness; (c) public health area; (d) basic laboratory facilities, including x-ray; (e) office space; and (f) living quarters for nurses.

The nurse practitioner in the nursing station is recognized as the primary provider of medical services at the community level. Many of these nurses have taken additional training beyond their basic Registered Nursing in such areas as public health or midwifery and have gained special expertise in diagnosis and treatment.

The Nurse In Charge attached to the nursing station is responsible for the supervision of several programs and arranges for the provision of services that these programs entail.

All nursing staions are visited on a regular basis by physicians operating out of base hospitals located in major centres

within the Region. Specialist services are provided either from Yellowknife or through southern based universities (McGill University in Montreal, the University of Manitoba in Winnipeg and the University of Alberta in Edmonton). Under special arrangements with these universities, teaching programs are available, such as rotating family practice residents.

Where possible, patient services are provided within the local community. When treatment cannot be provided in the individual's home community, arrangements are made for a transfer of the client to a centre where these services are available. Medical Services Branch provides this service at no cost to native clients. Subsidized medical travel is provided through the Government of the Northwest Territories' Department of Health for non-native residents.

Dental services to communities are provided by private practitioners, government dentists and dental therapists. The dental therapist is a para-dental auxillary trained at the National School of Dental Therapy. The dental therapist works alone in the communities, utilizing treatment prescriptions provided for them by supervising dentists. These services are directed mainly at the school-age population.

RELATIONSHIP WITH THE GOVERNMENT OF THE NORTHWEST TERRITORIES

DEPARTMENT OF HEALTH

Medical Services Branch and the Department of Health work cooperatively in fulfilling the health care objectives of the Northwest Territories. The relationship between the Government of the Northwest Territories' Departments of Health and Social Services and Medical Services Branch, Department of National Health and Welfare Canada, N.W.T. Region, is formalized through a Health Coordinating Committee. The purpose of this committee is to provide guidelines to enhance the cooperative effort in fulfilling the health care objectives of the Northwest Territories. The Health Co-ordinating Committee meets on a monthly basis throughout the year.

HIGHLIGHT OF EVENTS - 1984

The following highlights events occurring in the Region and Zones:

REGION

Two Zone Director Conferences were held in 1984. These conferences provide a mechanisem for Regional and Zone managers to discuss, evaluate and plan the operations and administration of Medical Services Programs.

The Eastern Arctic C.H.R. Program was completed with seven community health representatives being placed in communities under contribution program with Hamlet Councils.

The Third Dene National Health Conference, the focus on International Year of the Youth was held in Rae, N.W.T. Region actively participated as both speakers and panel members. Partial funding for this conference was received from Medical Services Branch.

Medical Services participated actively in the workshop "Community Development." This workshop was sponsored by G.N.W.T., Department of Health, Social Services and Education. Community representatives as well as other federal departments deliberated for three days on how to define, accomplish and work towards community development. The outcome of this workshop was a better

understanding of how the community perceives the various services offered. This coordinated approach has lead to the creation of an unterdepartmental information sharing committee.

INUVIK

Two community mental health meetings were held during 1984. Representatives from each community expressed their wish to hold workshops in both the community and school. A Mental Health Association has been established in Inuvik to oversee the operation of "Helpline" and to research the possibility of a crisis shelter. Counselling is being provided by two native workers hired through Employment and Development, C.E.I.C. The Mental Health Coordinator works closely with the Dene Health Worker to ensure that services provided by the Government are suitable to the Dene communities and reflect their concerns. A closer liaison with N.N.A.D.A.P. officials and workers in communities has been established.

The contractural arrangement with the Government of the Northwest Territories for staff physicians has provided the hospital and clients with consistent, qualified and experienced medical coverage. The Inuvik General Hospital Board met four times during 1984. A new Hospital Administrator was taken on strength August 1984.

MACKENZIE

In 1984, M.S.B. assumed responsibility for the Tungsten public

health unit.

There are thirty-three public health nurses who deliver community health programs in the field unit. The demand of clients shows an increase in treatment services and a decrease in time spent on activities related to health promotion and disease prevention.

The training initiatives for 1984 have been to enhance the existing health delivery systems through inservices programs. Specifically, these have included the Medical Translator's Workshops, Holistic Health Conference for C.H.R.'s, lay dispensers and nurses, and the upgrading of lay dispensers knowledge through the services of St. John Ambulance in basic first aid, home nursing and CPR, as well a very basic physical assessment program was held for lay dispensers.

KEEWATIN

The Zone hosted a two-day workshop on Disaster Planning for small communities. Representatives from Emergency Services - Ottawa, N.W.T. Region and Keewatin Zone led the workshop. Six out of eight Hamlet Councils sent delegates. The R.C.M.P., Ministry of Transport (Airports), Department of Social Services, Medical Services, (Nurses) also sent representatives.

The Zone Dental Therapists, Community Health Representatives and janitors attended workshops in their specialty areas.

The health care concerns of the Keewatin residents continued to be addressed through the Keewatin Committee, which is a sub-committee of the Board of the Churchill Health Centre. Membership includes a representative from each of N.W.T. Social Services - Keewatin Region, Northern Medical Unit - University of Manitoba, Churchill Health Centre, Medical Services and two nominees from the Keewatin Regional Council.

Health Committees were established in Eskimo Point and Sanikiluaq and are flourishing. Two other Hamlet Councils have shown interest in forming committees.

A survey of the dental status of all preschoolers was planned in December 1984. The Zone plans to place special emphasis on programs directed to preschoolers.

BAFFIN

The Baffin Zone office continues to work closely with the Baffin Regional Hospital Board of Management . Collaboration is of the outmost importance as the management and direction of medical services are vested in two organizations. The proposed transfer of field and administrative operations - Phase II to the G.N.W.T. demands this continued effort.

A Mental Health Coordinator has been recruited to give greater emphasis on the development of self-help groups and to instill a sence of responsibility in the communities for their own mental health.

ADMINISTRATION

The Regional Administration directorate, through a complement of 16 staff members provide services to the region in general administration, property management and contracts. Each section has a head and support staff which are all located in the regional office. The Assistant Regional Director of Administration has overall responsibility for the directorate.

The general administration section is primarily responsible for office services which includes central records, reception, communications and word processing. The section is also the regional landlord of all leased commercial accommodations. Materiel management services are provided by the section for the Regional Office and specific responsibilities such as fleet management and equipment in our inventories are part of materiel management.

The contracts section is responsible for actioning all requests for contracts in the Region. The contracts receive final approval in the Region, Branch and Treasury Board, depending on the scope and type of the contract. The section actions in excess of one million dollars. The total dollar value exceeds $10 million per year. The section is also responsible for all leased staff accommodations for regional staff. The region manages in excess of 325 housing units.

The administration directorate has a major responsibility to provide advice to zone and program managers in all aspects of administration. They are also responsible for the dissemination of Regional Directives to the field and regional program managers.

PERSONNEL SERVICES

The Regional Personnel Services Section has a total complement of twelve staff whose mandate is to provide effective and timely personnel services to management and staff in the region across a number of personnel specialties. The personnel specialties are classification, compensation, human resources planning, staffing, staff relations, and training and development.

During 1984, these specialties were reorganized under two section heads who reported to the Regional Personnel Manager and each section head assumed an administrative and co-ordinative role for three specialties. More specifically, the Head of Human Resource Management was assigned responsibility for the staffing, training and development, and human resources planning specialties while the Head of Staff Relations, Classification and Compensation assumed responsibility for the specialties implicit in the title. Such a reorganization is not only more organizationally feasible but should result in a highly effective personnel service for the region. Some highlights for the review period by key specialties are as follows:

1. Human Resources Planning - Staff turnover of indeterminate employees was at 30% during 1984. Performance review and employee appraisal completion rate was at 60% for Regional Headquarters and the Zones. In terms of affirmative action, 31% of the staff identified themselves as being of Native ancestry while 54% of the staff were women.

2. Training and Development - The equivalent of 404 employees received training during the year which involved 1,649 training days. Four employees are on education leave with pay while four are on education leave without pay.

3. Staffing - Staffing's total volume for term and indeterminate competitions was 562 actions; 342 were term actions while 220 were actions for indeterminate staffing. Of the 562 actions, 217 were staffed within the prime user inventory for nurses. The staffing section also actioned 138 acting pay situations and 5 acting appointments.

4. Classification - The number of positions processed by classification was 436.

5. Staff Relations - A total of 15 grievances were received and processed in 1984. As well, 25 discipline cases were received with 19 cases being completed during the year. Compensation's workload was also heavy as can be gleaned from the staffing statistics.

MAINTENANCE AND CONSTRUCTION PROGRAM

General Maintenance

During 1984 work continued on establishing a Joint Maintenance system in conjunction with other government departments. Until the system is in place the existing maintenance program will continue to function.

Maintenance in the Keewatin and Baffin Zone is being carried out by Medical Services' employees, supplemented by semi-annual maintenance runs. The maintenance program is carried out solely by Medical Services' employees.

Capital Construction

The Capital Construction program for the N.W.T. Region was once again expanded in 1984. The program consisted of six major projects in construction with an additional forty-plus other projects in various stages. The project costs exceeded 8.5 million dollars for the year.

INUVIK ZONE

Aklavik

The Nursing Station was completed this year. The old transient trailer was disposed of.

Arctic Red River

Construction of the new health station was started in 1984 with completion planned for early 1985. Disposal of the old facility was initiated and will be completed during 1985.

Fort Norman

Construction of the new nursing station was completed this year. Disposal of the old nursing station was completed. Landscaping for the new facility is planned for the spring of 1985.

Inuvik Hospital

Renovations to the hospital were completed this year.

Paulatuk

Preliminary planning continued throughout the year for the new nursing station. A site has been selected and construction is planned for 1985.

Sachs Harbour

Construction of the new health station was started in 1984 with completion planned for early 1985. Disposal of the old facility was initiated and will be completed during 1985.

MACKENZIE ZONE

Cambridge Bay

A new fire alarm system was installed in the nursing station during 1984.

Coppermine

A new fire alarm system was installed in the nursing station during 1984.

Fort Providence

A new fire alarm system was installed in the nursing station in 1984.

Fort Resolution

A new fire alarm system was installed in the nursing station in 1984.

Fort Wrigley

Construction of the new nursing station was completed this year. Disposal of the old nursing station is to be completed in 1985. Landscaping for the new facility is also planned for the spring of 1985.

Gjoa Haven

Preliminary planning of the renovations to the residence area of the nursing station continued throughout the year for construction in 1985.

Holman Island

Finishing work on the nursing station was done during 1984.

Lac La Martre

Preliminary planning continued throughout the year for the new nursing station. A site has been selected and construction is planned for 1985.

Snowdrift

Preliminary planning continued throughout the year for the new nursing station. A site has been selected and construction is planned for 1985.

Pelly Bay

Construction of the new nursing station was continued this year and is due for completion early in 1985. Disposal of the old station is underway.

KEEWATIN ZONE

Baker Lake

Construction of the new nursing station was started in 1984 with completion planned for early 1985. Disposal of the old facility was initiated and will be completed during 1985.

Chesterfield Inlet

Renovations to the nursing station were started in 1984 and will be completed in 1985.

Coral Harbour

Construction of the new nursing station was started in 1984 with completion planned for early 1985. Disposal of the old facility was initiated and will be completed during 1985.

Rankin Inlet

Construction of a garage was started in 1984 and will be completed early in 1985.

Repulse Bay

Minor renovations to bring the nursing station up to fire codes was undertaken and completed in 1984.

Sanikiluaq

Construction of the new nursing station was completed this year. Disposal of the old nursing station was completed.

Whale Cove

Preliminary planning for the new nursing station is underway and a site is being selected.

BAFFIN ZONE

Arctic Bay

Minor renovations to bring the nursing station up to fire codes was undertaken and completed in 1984.

Cape Dorset

Completion of the new residence was accomplished this year.

Hall Beach

Preliminary planning continued throughout the year for the new nursing station. A site has been selected and construction is planned for 1985.

Lake Harbour

Construction of the new nursing station was started in 1984 with completion planned for early 1985. Disposal of the old facility was initiated and will be completed during 1985.

Pangnirtung

Construction of the new residence was started in 1984 with completion due in 1985. Upon completion of the new residence, renovations will be started on the residence portion of the nursing station.

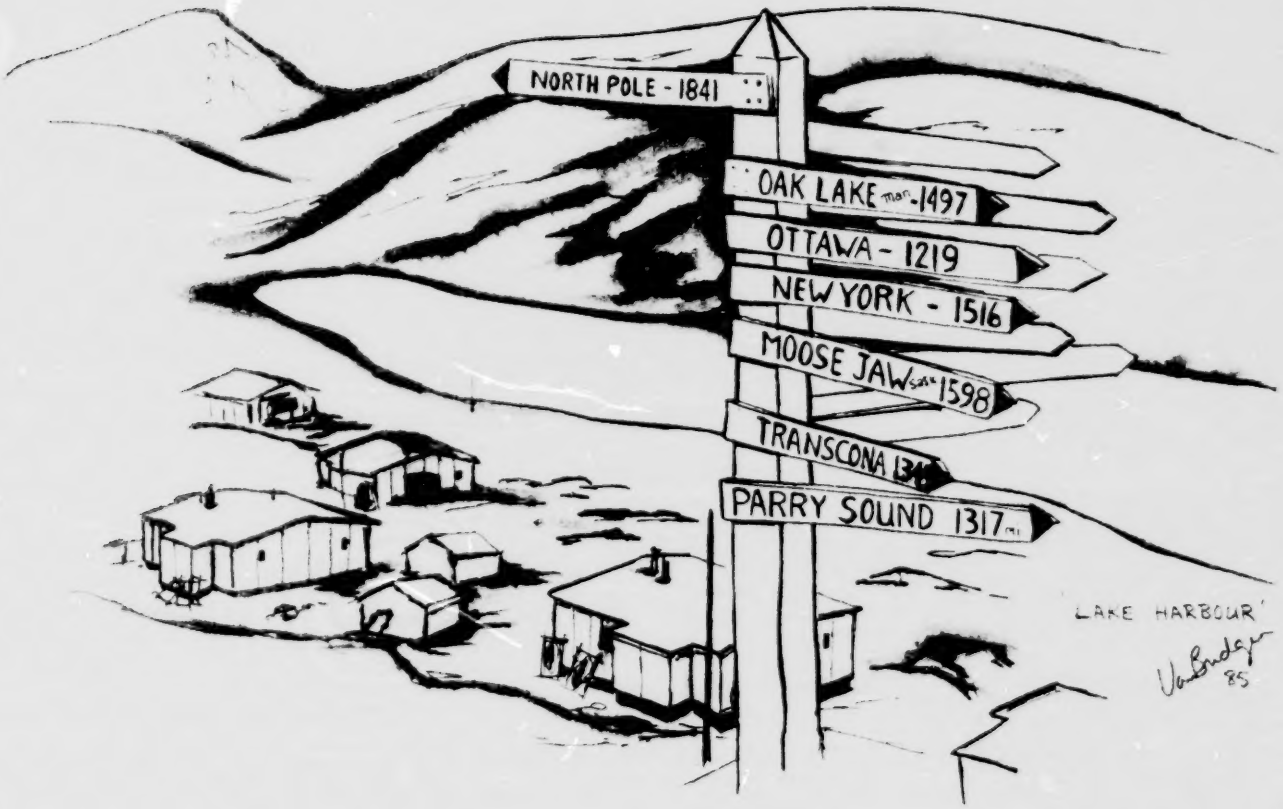
Resolute Bay

Minor renovations to bring the nursing station up to fire codes were undertaken and completed in 1984.

FINANCIAL SERVICES

Medical Services Branch
N.W.T. Region
Operating Budget ($000)

	Regional H.Q.'s	Mackenzie Zone	Rae-Edzo Hospital	Ft.Simpson Hospital	Inuvik Zone	Inuvik Hospital	Keewatin Zone	Baffin Zone	TOTAL
Salaries	2,075,140	3,154,668	529,468	557,246	2,647,959	2,991,761	2,291,302	2,978,015	17,225,559
O & M Controllable	2,120,900	1,613,600.	242,950	307,450	1,586,900	1,870,100	1,463,000	1,627,000	10,831,900
O & M Non-Insured	105,000	4,638,000	110,000	105,000	2,747,700	183,300	3,767,000	3,718,000	15,374,000
Sub-Total	4,301,040	9,406,268	882,418	969,696	6,982,559	5,045,161	7,521,302	8,323,015	43,431,459
Capital	9,824,000	100,000	---	---	216,000	---	40,000	40,000	10,220,000
TOTAL	14,125,040	9,506,268	882,418	969,696	7,198,559	5,045,161	7,561,302	8,363,015	53,651,459
Person Years	63.9	90	17	18	69	88	58	71	474.9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OAK LAKE man. - 1497
OTTAWA - 1219
NEW YORK - 1516
MOOSE JAW sask. 1598
TRANSCONA 134
PARRY SOUND 1317 mi
LAKE HARBOUR
Vanbridge
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N.W.T. VITAL STATISTICS

The cut-off date for registration of 1984 vital statistics was February 15, 1985.

Total births and deaths for 1984 include events occurring outside the Northwest Territories where either the individual's or the mother's usual residence was in the Northwest Territories. The totals also include 1983 vital statistics registered in 1984.

Events occurring in Territorial health centres and cottage hospitals were included in nursing station totals, and all "Out of Province" events were included with hospital totals.

Unknown birth weights were recorded as being normal.

The ethnic status of all livebirths and stillbirths was coded according to the mothers' ethnic status.

BIRTHS

The numerical sequence of 1984 livebirth registrations in the Northwest Territories was 001-001 to 002-137, with the exception of numbers 001-168, 001-351, 001-401, 001-483, 002-131 and which were deleted because the mother's usual residence was outside the Northwest Territories.

The numerical sequence of 1984 "Out of Province" livebirth registrations was 1984-001 to 1984-231, with the exception of

numbers 84-138, 84-150 and 84-185, which were deleted because the mothers' usual residence was outside the Northwest Territories.

The numerical sequence of 1983 livebirths registered in 1984 was 002-182 to 002-231 for "In The Territories" births, with the exception of 002-185. The numerical sequence of 1983 livebirths registered in 1984 was 1983-207 to 1983-217 for "Out of Territories" births, with the exception of 83-208, 83-213, 83-215, 83-216 and 83-217, as the mothers' usual residence was outside of the Northwest Territories.

DEATHS

The numerical sequence of 1984 death registrations was 001-001 to 001-186, with the exception of numbers 001-026, 001-028, 001-065, 001-082, 001-090, 001-091, 001-116, 001-117, 001-125, 001-143, 001-144, 001-158 and 001-182, which were deleted because the usual residence was outside the Northwest Territories.

The numerical sequence of "Out of Province" death registration was 1984-001 to 1984-041.

There were no 1983 deaths registered in 1984.

The numerical sequence of stillbirth registrations in 1984 was 001-001 to 001-013.

There was one "Presumption of Death" numbered 001-001.

N.W.T. VITAL STATISTIC TRENDS

This report for 1984 contains a variety of tables which are designed to show trends in certain important demographic indicators, as well as causes of death by sex, age, ethnicity and location.

The 1984 livebirth rate of 28.6 represents a slight decrease from the 1983 rate of 29.6. The Indian birth rate of 28.8 was higher than the 1983 rate of 20.5, and the Inuit rate of 36.2 was lower than the 1983 rate of 37.5. The number of low birth weight infants was fewer in 1984. The percentage of low birth weight infants reported in 1984 was higher for the Indian population but lower for the Inuit population.

The stillbirth rate was 9.1.

The 1984 perinatal mortality rate of 14.7 represents a decrease in the 1983 rate of 15.2.

The 1984 neonatal death rate of 7.0 represents a decrease in the 1983 rate of 12.5. Both Indian and Inuit rates are reportedly lower than 1983.

The infant mortality rate in 1984 of 14.7 shows a decrease from the 1983 rate of 28.5.

The crude death rate of 4.4 is slightly lower than the 1983 rate. The Indian and Inuit rates are lower than 1983.

The leading causes of death for the Northwest Territories were accidents, injuries and violence (31.3) showing a marked decrease in suicides. Neoplasms (21.5) were also among the leading causes of death in 1984, as well as Diseases of the Circulatory System (19.2).

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1984
(Territorial Regional Boundaries)

	TOTAL	INDIAN	INUIT	OTHER
NORTHWEST TERRITORIES	49,516	7,257	17,460	24,799
BAFFIN REGION	9,241	5	7,647	1,589
Arctic Bay	413	0	392	21
Broughton Island	408	0	396	12
Cape Dorset	840	0	795	45
Clyde River	499	0	489	10
Frobisher Bay	2,837	5	1,741	1,091
Grise Fiord	127	0	115	12
Hall Beach	389	0	379	10
Igloolik	769	0	732	37
Lake Harbour	267	0	246	21
Nanisivik	263	0	111	152
Pangnirtung	895	0	846	49
Pond Inlet	798	0	748	50
Resolute Bay	147	0	132	15
Sanikiluaq	406	0	391	15
Unorganized	183	0	134	49
KEEWATIN REGION	4,667	17	4,098	552
Baker Lake	986	5	873	108
Chesterfield Inlet	249	0	228	21
Coral Harbour	423	0	390	33
Eskimo Point	1,134	0	1,077	57
Rankin Inlet	1,253	12	950	291
Repulse Bay	392	0	381	11
Whale Cove	195	0	179	16
Unorganized	35	0	20	15
KITIKMEOT REGION	3,571	5	3,159	407
Bathurst Inlet	21	0	21	0
Bay Chimo	63	0	63	0
Cambridge Bay	942	5	711	226
Coppermine	839	0	775	64
Gjoa Haven	634	0	607	27
Holman Island	336	0	308	28
Pelly Bay	267	0	245	22
Spence Bay	439	0	404	35
Unorganized	30	0	25	5

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1984
(Territorial Regional Boundaries)

	TOTAL	INDIAN	INUIT	OTHER
INUVIK REGION	8,243	2,106	2,251	3,886
Aklavik	749	157	389	203
Arctic Red River	123	95	6	22
Colville Lake	59	59	0	0
Fort Franklin	568	359	0	209
Fort Good Hope	534	390	0	144
Fort McPherson	674	511	0	163
Fort Norman	300	216	0	84
Inuvik	3,418	257	759	2,402
Norman Wells	591	38	6	547
Paulatuk	191	0	181	10
Sachs Harbour	156	5	140	11
Tuktoyaktuk	870	19	765	86
Unorganized	10	0	5	5
FORT SMITH REGION	23,794	5,124	305	18,365
Detah	143	143	0	0
Enterprise	46	0	0	46
Fort Liard	403	329	0	74
Fort Providence	640	461	0	179
Fort Resolution	472	205	0	267
Fort Simpson	1,013	491	0	522
Fort Smith	2,390	332	66	1,992
Hay River	3,093	282	27	2,784
Jean Marie River	73	57	5	11
Kakisa Lake	36	36	0	0
Lac La Martre	305	295	0	10
Nahanni Butte	92	80	0	12
Paradise Gardens	48	5	0	43
Pine Point	1,607	69	12	1526
Rae Lakes	205	85	0	120
Rae-Edzo	1,494	1,052	0	442
Reliance	15	5	0	10
Snare Lake	78	78	0	0
Snowdrift	259	233	0	26
Trout Lake	59	53	0	6
Tungsten	359	10	0	349
Wrigley	145	134	0	11
Yellowknife	10,548	639	184	9,725
Unorganized	271	50	11	210

FIVE YEAR TRENDS IN N.W.T. INFANT HEALTH INDICATORS - 1983 UPDATE

INDICATORS	YEAR	INDIAN	INUIT	OTHER	TOTAL
LIVE BIRTHS Rate per 1,000 Population	1973 1978 1983	26.07 21.90 31.80	32.80 34.50 37.50	34.23 25.10 23.50	32.09 27.70 29.60
LOW BIRTHWEIGHT INFANTS Rate per 100 Live Births	1973 1978 1983	12.43 10.30 8.00	10.96 5.50 8.70	4.38 6.60 3.30	8.16 6.70 6.40
STILLBIRTHS Rate per 1,000 Total Births	1973 1978 1983	5.18 5.70 13.10	15.66 7.60 6.30	7.29 15.10 0.00	10.10 10.60 4.90
PERINATAL Mortality Rate (per 1,000 Total Births)	1973 1978 1983	25.90 22.90 26.20	26.84 19.00 22.00	12.77 24.20 3.50	20.20 22.00 15.20
NEONATAL DEATHS Rate per 1,000 Live Births	1973 1978 1983	20.72 23.00 17.70	13.42 13.40 19.00	5.47 11.40 3.50	10.94 13.80 12.50
POST NEONATAL Mortality Rate (per 1,000 Live Births)	1973 1978 1983	10.36 17.20 26.60	31.32 7.60 20.50	7.29 9.50 6.90	16.83 9.80 16.00
INFANT Mortality Rate (per 1,000 Livebirths)	1973 1978 1983	31.08 40.00 44.30	44.74 21.00 39.50	12.77 20.80 10.40	27.77 23.60 28.50

FIVE YEAR TRENDS IN N.W.T. INFANT HEALTH INDICATORS - 1984

INDICATORS	YEAR	INDIAN	INUIT	OTHER	TOTAL
LIVE BIRTHS Rate per 1,000 Population	1974 1979 1984	23.6 24.3 28.8	28.4 30.9 36.2	29.3 25.3 23.1	27.8 27.0 28.6
LOW BIRTHWEIGHT INFANTS Rate per 100 Live Births	1974 1979 1984	8.9 13.2 5.8	8.6 5.2 4.9	5.0 3.0 5.8	7.0 5.5 5.4
STILLBIRTHS Rate per 1,000 Total Births	1974 1979 1984	0.0 19.2 23.4	20.2 6.2 4.7	12.4 5.3 8.7	13.2 8.0 9.1
PERINATAL Mortality Rate (per 1,000 Total Births)	1974 1979 1984	16.8 33.5 32.7	49.5 22.8 11.1	24.6 10.7 12.2	33.2 19.1 14.7
NEONATAL DEATHS Rate per 1,000 Live Births	1974 1979 1984	16.8 14.6 14.4	40.4 18.8 6.3	12.4 7.1 5.3	23.7 12.9 7.1
POST NEONATAL Mortality Rate (per 1,000 Live Births)	1974 1979 1984	28.1 29.3 28.7	30.3 18.7 6.3	6.2 10.7 1.8	18.9 16.9 7.8
INFANT Mortality Rate (per 1,000 Livebirths)	1974 1979 1984	44.9 43.9 43.1	70.7 37.5 12.7	18.7 17.9 7.0	42.6 29.7 14.9

"REPORTED VITAL STATISTICS 1983 - UPDATE"

N.W.T. REGION

INDIAN & NORTHERN HEALTH SERVICES

		* INDIAN		INUIT		TOTAL INDIAN/ INUIT		OTHER		NORTHWEST TERRITORIES	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
POPULATION											
Preliminary N.W.T. Population Estimates	(a)	7,103		16,915		24,018		24,669		48,687	
Total Births in N/S	(b)	17	7.5	59	9.3	76	8.8	23	4.0	99	6.9
Total biths in Hospital	(c)	212	88.2	575	90.2	787	90.8	556	95.9	1,343	92.9
Total births in other locations	(d)	0	0.0	4	0.7	4	0.5	1	0.2	5	0.4
Total births	(e)	229	0.0	638	0.0	867	0.0	580	0.0	1,447	0.0
Total live births	(f)	226	31.8	634	37.5	860	35.8	580	23.5	1,440	29.6
Low birth weight infants	(g)	18	8.0	55	8.7	73	8.5	19	3.3	92	6.4
DEATHS											
Stillbirths	(h)	3	13.1	4	6.3	7	8.1	0	0.0	7	4.9
Perinatal	(i)	6	26.3	14	22.0	20	23.1	2	3.5	22	15.2
Neonatal	(j)	4	17.7	12	19.0	16	18.6	2	3.2	18	12.5
Post neonatal	(k)	6	26.6	13	20.5	19	22.1	4	6.9	23	16.0
Total infant	(l)	10	44.3	25	39.5	35	40.7	6	10.4	41	28.5
Maternal	(m)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(n)	41	0.0	92	0.0	133	0.0	83	0.0	216	0.0
Total deaths	(o)	51	7.2	117	7.0	168	7.0	89	3.6	257	5.3
NATURAL INCREASE	I	175	24.7	517	30.6	692	28.9	491	19.9	1183	24.3

* Amendment: Chart now shows Indian population excluding Metis and Non-status Indians using population estimates.

a) Population
b) Rate per 100 births (total births (e)).
c) Rate per 100 births (total births (e)).
d) Rate per 100 births (total births (e)).
e) This should be equal to total (b) + (c) + (d) and also of (f)+(h).
f) Rate per 1,000 population (a).
g) 2.5 kg. or under, Rate per 100 live births (f).
h) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (e). If you are defining stillbirths by 28 weeks or more gestation, please footnote clearly. However, please attempt to report by 20 weeks definition.
i) Stillbirths + deaths under 7 days, Rate per 1,000 total births (e)
j) Under 28 days. Rate per 1,000 live births (f).
k) 28 days and under 1 year. Rate per 1,000 live births (f).
l) Under 1 year ((f) + (l)). Rate per 1,000 live births (f).
m) Rate per 10,000 live births (f).
n) All other deaths includes maternal deaths (m) but excludes infant.
o) Total deaths equals infant deaths (l) plus other deaths (n). Crude death rate per 1,000 population (a).

I) Natural increase rate.

$$\frac{(f) - (o)}{(a)} \times 1{,}000$$

N.W.T. REGION

"REPORTED VITAL STATISTICS 1984"

INDIAN & NORTHERN HEALTH SERVICES

		INDIAN		INUIT		TOTAL INDIAN/ INUIT		OTHER		NORTHWEST TERRITORIES	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
POPULATION											
Preliminary N.W.T. Population Estimates	(a)	7,257	14.7	17,460	35.3	24,717	50.0	24,799	50.0	49,516	100
Total Births in N/S	(b)	12	5.6	62	9.8	75	8.8	1	0.2	75	5.3
Total biths in Hospital	(c)	202	94.4	569	89.6	770	90.7	573	99.3	1,344	94.3
Total births in other locations	(d)	0	0.0	4	0.6	4	0.5	3	0.5	7	0.5
Total births	(e)	214	0.0	635	0.0	849	0.0	577	0.0	1,426	0.0
Total live births	(f)	209	28.8	632	36.2	841	34.1	572	23.1	1,413	28.6
Low birth weight infants	(g)	12	5.7	31	4.9	43	5.1	33	5.8	76	5.4
DEATHS											
Stillbirths	(h)	5	23.4	3	4.7	8	9.4	5	8.7	13	9.1
Perinatal	(i)	7	32.7	7	11.0	14	16.5	7	12.1	21	14.7
Neonatal	(j)	3	14.0	4	6.3	7	8.2	3	5.2	10	7.0
Post neonatal	(k)	6	28.0	4	6.3	10	11.8	1	1.7	11	7.7
Total infant	(l)	9	43.1	8	12.6	17	20.0	4	7.0	21	14.9
Maternal	(m)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(n)	46	0.0	83	0.0	129	0.0	64	0.0	193	0.0
Total deaths	(o)	55	7.6	91	5.3	146	5.9	68	2.8	214	4.4
NATURAL INCREASE	I	154	21.3	541	31.0	695	28.2	504	20.4	1199	24.3

a) Population
b) Rate per 100 births (total births (e)).
c) Rate per 100 births (total births (e)).
d) Rate per 100 births (total births (e)).
e) This should be equal to total (b) + (c) + (d) and also of (f)+(h).
f) Rate per 1,000 population (a).
g) 2.5 kg. or under, Rate per 100 live births (f).
h) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (e). If you are defining stillbirths by 28 weeks or more gestation, please footnote clearly. However, please attempt to report by 20 weeks definition.
i) Stillbirths + deaths under 7 days, Rate per 1,000 total births (e)
j) Under 28 days. Rate per 1,000 live births (f).
k) 28 days and under 1 year. Rate per 1,000 live births (f).
l) Under 1 year ((f) + (l)). Rate per 1,000 live births (f).
m) Rate per 10,000 live births (f).
n) All other deaths includes maternal deaths (m) but excludes infant.
o) Total deaths equals infant deaths (l) plus other deaths (n). Crude death rate per 1,000 population (a).

I) Natural increase rate.

$$\frac{(f) - (o)}{(a)} \times 1{,}000$$

"REPORTED VITAL STATISTICS 1984"

N.W.T. REGION

INDIAN & NORTHERN HEALTH SERVICES

		MACKENZIE		INUVIK		KEEWATIN		BAFFIN		NORTHWEST TERRITORIES	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
POPULATION											
Population served. Total Midyear Registered	(a)	27,365	55.3	8,243	16.6	4,667	9.4	9,241	18.7	49,516	100
Total Births in N/S	(b)	13	2.0	13	4.9	14	8.4	35	10.6	75	5.3
Total births in Hospital	(c)	640	97.5	256	95.2	150	89.9	298	89.5	1,344	94.3
Total births in other locations	(d)	4	0.6	0	0.0	3	1.8	0	0.0	7	0.5
Total births	(e)	657	0.0	269	0.0	167	0.0	333	0.0	1,426	0.0
Total live births	(f)	647	23.7	267	32.4	167	35.8	332	36.0	1,413	28.6
Low birth weight infants	(g)	42	6.5	12	4.5	11	6.6	11	3.4	76	5.4
DEATHS											
Stillbirths	(h)	10	15.3	2	7.5	0	0.0	1	3.1	13	9.1
Perinatal	(i)	16	24.4	3	11.3	0	0.0	2	6.0	21	14.7
Neonatal	(j)	8	12.4	1	3.8	0	0.0	1	3.2	10	7.0
Post neonatal	(k)	6	9.3	2	7.5	1	6.0	2	6.1	11	7.7
Total infant	(l)	14	21.7	3	11.3	1	6.0	3	9.1	21	14.7
Maternal	(m)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(n)	104	0 0	36	0.0	16	0.0	37	0.0	193	0.0
Total deaths	(o)	118	4.4	39	4.8	17	3.7	40	4.4	214	4.4
NATURAL INCREASE	I	529	194	228	27.7	150	32.2	292	31.6	1199	24.3

a) Population
b) Rate per 100 births (total births (e)).
c) Rate per 100 births (total births (e)).
d) Rate per 100 births (total births (e)).
e) This should be equal to total (b) + (c) + (d) and also of (f)+(h).
f) Rate per 1,000 population (a).
g) 2.5 kg. or under, Rate per 100 live births (f).
h) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (e). If you are defining stillbirths by 28 weeks or more gestation, please footnote clearly. However, please attempt to report by 20 weeks definition.
i) Stillbirths + deaths under 7 days, Rate per 1,000 total births (e)
j) Under 28 days. Rate per 1,000 live births (f).
k) 28 days and under 1 year. Rate per 1,000 live births (f).
l) Under 1 year ((f) + (l)). Rate per 1,000 live births (f).
m) Rate per 10,000 live births (f).
n) All other deaths includes maternal deaths (m) but excludes infant.
o) Total deaths equals infant deaths (l) plus other deaths (n). Crude death rate per 1,000 population (a).

I) Natural increase rate.

$$\frac{(f) - (o)}{(a)} \times 1{,}000$$

NORTHWEST TERRITORIES VITAL STATISTICS - 1983 UPDATE

POPULATION:	* INDIAN 7,103				INUIT 16,915				OTHER 24,669				TOTAL 48,687			
		1983	1982	1981		1983	1982	1981		1983	1982	1981		1983	1982	1981
	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE
A. Total Births	229				638				580				1447			
B. Live Births	226	31.8	28.7	24.3	634	37.5	33.1	32.1	580	23.5	22.5	25.0	1440	29.6	27.1	27.3
C. Low Birthweight Infants	18	8.0	6.8	8.7	55	8.7	9.2	8.1	19	3.3	6.0	3.7	92	6.4	7.5	6.3
D. Stillbirths	3	13.1	0.0	9.6	4	6.3	20.0	3.0	0	0.0	7.4	3.7	7	4.9	11.6	4.8
E. Perinatal Deaths	6	26.3	0.0	14.3	14	22.0	29.0	23.6	2	3.5	11.1	11.2	22	15.2	17.0	16.7
F. Neonatal Deaths	4	17.7	4.8	4.8	12	19.0	11.1	19.7	2	3.5	5.6	7.5	18	12.5	7.8	12.0
G. Post Neonatal Deaths	6	26.6	9.7	0.0	13	20.5	9.2	17.8	4	6.9	3.7	3.7	23	16.0	7.0	8.8
H. Infant Deaths (Under 1 Year)	10	44.3	14.6	4.8	25	39.5	20.4	37.5	6	10.4	9.3	11.2	41	28.5	14.8	20.8
I. Total Deaths (Crude Death Rate)	51	7.2	7.0	4.2	117	7.0	5.6	6.0	89	3.6	3.8	3.2	257	5.3	4.9	4.3
J. Natural Increase	175	24.7	21.7	20.1	517	30.6	27.5	9.4	491	19.9	18.8	21.8	1183	24.3	22.2	23.0
K. Maternal Deaths	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0

A. Total Births
B. Rate per 1,000 population
C. Rate per 100 live births
D. Rate per 1,000 total births
E. Stillbirths plus deaths, 0-7 days, per 1,000 total births
F. Deaths, 0-28 days, per 1,000 live births
G. Deaths, 29-365 days, per 1,000 live births
H. Deaths, under 1 year, per 1,000 live births
I. Crude Death Rate, deaths per 1,000 population
J. Rate per 1,000 population
K. Rate per 10,000 live births

* Amendment: Chart now shows Indian population excluding Metis and Non-status Indians using population estimates.

NORTHWEST TERRITORIES VITAL STATISTICS - 1984

POPULATION:	INDIAN 7,257				INUIT 17,460				OTHER 24,799				TOTAL 49,516			
		1984	1983	1982		1984	1983	1982		1984	1983	1982		1984	1983	1982
	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE
A. Total Births	214				635				577				1426			
B. Live Births	209	28.8	20.5	28.7	632	36.2	37.5	33.1	572	23.1	28.1	22.5	1413	28.6	29.6	27.1
C. Low Birthweight Infants	12	5.8	8.0	6.8	31	4.9	8.7	9.2	33	5.8	3.3	6.0	76	5.4	6.4	7.5
D. Stillbirths	5	23.4	13.1	0.0	3	4.7	6.3	20.0	5	8.7	0.0	7.4	13	9.1	4.9	11.6
E. Perinatal Deaths	7	32.7	26.2	0.0	7	11.1	22.0	29.0	7	12.2	3.5	11.1	21	14.7	15.2	17.0
F. Neonatal Deaths	3	14.4	17.7	4.8	4	6.3	19.0	11.1	3	5.3	3.5	5.6	10	7.1	12.5	7.8
G. Post Neonatal Deaths	6	28.7	26.6	9.7	4	6.3	20.5	9.2	1	1.8	6.9	3.7	11	7.8	16.0	7.0
H. Infant Deaths (Under 1 Year)	9	43.1	44.3	14.6	8	12.7	39.5	20.4	4	7.0	10.4	9.3	21	14.9	28.5	14.8
I. Total Deaths (Crude Death Rate)	55	7.6	4.6	7.0	91	5.3	7.0	5.6	68	2.8	2.9	3.8	214	4.4	5.3	4.9
J. Natural Increase	159	21.9	15.8	21.7	544	31.2	30.6	27.5	509	20.6	23.8	18.8	1212	24.5	24.3	22.2
K. Maternal Deaths	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0

A. Total Births
B. Rate per 1,000 population
C. Rate per 100 live births
D. Rate per 1,000 total births
E. Stillbirths plus deaths, 0-7 days, per 1,000 total births
F. Deaths, 0-28 days, per 1,000 live births
G. Deaths, 29-365 days, per 1,000 live births
H. Deaths, under 1 year, per 1,000 live births
I. Crude Death Rate, deaths per 1,000 population
J. Rate per 1,000 population
K. Rate per 10,000 live births

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, ETHNICITY AND SEX

CAUSE OF DEATH	INDIAN			INUIT			OTHER			TOTAL		
	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% of TOTAL DEATHS
1. Infectious & Parasitic Diseases	0	1	0.4	2	1	1.4	0	0	0.0	2	2	1.9
2. Neoplasms	2	4	2.8	8	13	9.8	7	12	8.9	17	29	21.5
3. Endocrine, Nutritional & Metabolic Diseases & Immunity Diseases	0	0	0.0	0	0	0.0	0	1	0.5	0	1	0.5
4. Diseases of the Blood and Blood-Forming Organs	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
5. Mental Disorders	1	0	0.5	0	0	0.0	0	0	0.0	1	0	0.5
6. Diseases of the Nervous System & Sense Organs	0	0	0.0	0	0	0.0	2	0	0.9	2	0	0.9
7. Diseases of the Circulatory System	8	4	5.6	11	5	7.5	11	1	5.6	30	10	18.7
8. Diseases of the Respiratory System	2	4	2.8	7	9	7.5	2	0	0.9	11	13	11.2
9. Diseases of the Digestive System	1	0	0.5	0	0	0.0	3	1	1.9	4	1	2.3
10. Diseases of the Genitourinary System	0	0	0.0	2	0	0.9	0	1	0.5	2	1	1.4
14. Congenital Anomalies	2	2	1.9	0	0	0.0	0	0	0.0	2	2	1.9
15. Certain Conditions Originating in the Perinatal Period	3	0	1.4	2	2	1.9	3	1	1.9	8	3	5.1
16. Symptoms, Signs and Ill-Defined Conditions	0	0	0	2	4	2.8	0	0	0.0	2	4	2.8
17. Injury & Poisoning	14	7	9.8	19	4	10.7	19	4	10.7	52	15	31.3
TOTAL	33	22	25.7	53	38	42.5	47	21	31.3	133	81	100

BY INTERNATIONAL CLASSIFICATION
OF DISEASE, AGE AND SEX

CAUSE OF DEATH	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Infectious and Parasitic Diseases	0	0	0	0	1	1	0	0	0	0	1	0	0	1	2	2
2. Neoplasms	0	0	0	0	1	2	0	2	2	7	5	10	9	8	17	29
3. Endocrine, Nutritional & Metabolic Diseases & Immunity Diseases	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
4. Diseases of the Blood & Blood-Forming Organs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Mental Disorders	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
6. Diseases of the Nervous System & Sense Organs	1	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0
7. Diseases of the Circulatory System	0	0	0	0	1	0	3	0	0	0	4	4	22	6	30	10
8. Diseases of the Respiratory System	1	4	0	1	0	0	0	0	2	0	2	1	6	7	11	13
9. Diseases of the Digestive System	0	0	0	0	0	0	0	0	1	0	1	0	2	1	4	1
10. Diseases of the Genitourinary System	0	0	0	0	0	0	0	0	0	0	0	0	2	1	2	1
14. Congenital Anomalies	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
15. Certain Conditions Originating in the Perinatal Period	8	3	0	0	0	0	0	0	0	0	0	0	0	0	8	3
16. Symptoms, Signs, & Ill-Defined Conditions	1	1	0	0	0	1	0	0	0	0	0	0	1	2	2	4
17. Injury & Poisonings	6	2	20	4	11	5	4	1	5	1	4	0	2	2	52	15
TOTAL	19	12	20	5	14	9	7	3	10	8	18	16	45	28	133	81

DEATHS BY SEX, AGE AND ETHNICITY

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	8	5	6	5	5	2	19	12
15-24	5	2	10	2	5	1	20	5
25-34	2	3	5	3	7	3	14	9
35-44	2	2	2	1	3	0	7	3
45-54	1	1	4	4	5	3	10	8
55-64	5	1	6	9	7	6	18	16
65+	10	8	20	14	15	6	45	28
TOTAL	33	22	53	38	47	21	133	81

DEATHS FROM CANCER
BY SITE, ETHNICITY AND SEX

SITE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Upper Digestive Tract	0	0	0	0	0	1	0	1
Lower Digestive Tract	0	0	1	1	1	3	2	4
Respiratory Tract	0	3	6	10	2	4	8	17
Genito-Urinary System	2	0	0	1	2	0	4	1
Central Nervous System	0	0	1	1	2	1	3	2
Haemopietic System	0	0	0	0	0	1	0	1
Breast	0	1	0	0	0	2	0	3
TOTAL	2	4	8	13	7	12	17	29

DEATHS FROM CANCER
BY SITE, AGE AND SEX

SITE	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Upper Digestive Tract	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Lower Digestive Tract	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2	4
Respiratory Tract	0	0	0	0	0	0	0	0	1	4	3	8	4	5	8	17
Genito-Urinary System	0	0	0	0	0	0	0	0	0	1	1	0	3	0	4	1
Central Nervous System	0	0	0	0	1	1	0	1	1	0	0	0	1	0	3	2
Haemopoietic System	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Breast	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	3
TOTAL	0	0	0	0	1	2	0	2	2	7	5	10	9	8	17	29

DEATHS FROM CANCER
BY AGE, ETHNICITY AND SEX

	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	0	0	0	0	0	0	0	0
15-24	0	0	0	0	0	0	0	0
25-34	0	0	0	0	0	0	0	0
35-44	0	1	0	1	1	2	1	4
45-54	0	1	1	4	1	2	2	7
55-64	1	1	3	5	1	4	5	10
65+	1	1	4	3	4	4	9	8
TOTALS	2	4	8	13	7	12	17	29

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE
BY METHOD, ETHNICITY AND SEX

METHOD	INDIAN			INUIT			OTHER			TOTAL		
	M	F	%	M	F	%	M	F	%	M	F	%
Motor Vehicle	3	1	6.0	4	0	6.0	3	1	6.0	10	2	18.0
Drowning	3	0	4.5	0	1	1.5	3	0	4.5	6	1	10.5
Exposure	0	1	1.5	0	0	0.0	0	0	0.0	0	1	1.5
Fire	1	0	1.5	0	0	0.0	0	2	3.0	1	2	4.5
Falls	1	0	1.5	0	0	0.0	1	0	1.5	2	0	3.0
Firearms	2	0	3.0	9	0	13.5	4	1	7.5	15	1	24.0
Overdoses	1	0	1.5	2	1	4.5	1	0	1.5	4	1	7.5
Industrial	0	0	0.0	0	0	0.0	2	0	3.0	2	0	3.0
Other	3	5	12.0	4	2	9.0	5	0	7.5	12	7	28.5
TOTALS	14	7	31.5	19	4	34.5	19	4	34.0	52	15	100.0

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE
BY METHOD, AGE AND SEX

METHOD	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Motor Vehicle	1	0	5	0	2	1	1	1	1	0	0	0	0	0	10	2
Drowning	1	0	2	1	1	0	0	0	1	0	1	0	0	0	6	1
Exposure	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Fire	0	1	0	1	0	0	0	0	0	0	0	0	1	0	1	2
Falls	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2	0
Firearms	4	0	4	0	4	0	1	0	0	1	1	0	1	0	15	1
Overdoses	0	0	1	0	1	1	1	0	1	0	0	0	0	0	4	1
Industrial	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2	0
Other	0	1	8	2	2	2	1	0	0	0	1	0	0	2	12	7
TOTALS	6	2	20	4	11	5	4	1	5	1	4	0	2	2	52	15

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE
BY AGE, ETHNICITY AND SEX

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	3	1	2	0	1	1	6	2
15-24	5	2	10	1	5	1	20	4
25-34	1	2	4	2	6	1	11	5
35-44	1	1	1	0	2	0	4	1
45-54	1	0	1	0	3	1	5	1
55-64	2	0	1	0	1	0	4	0
65+	1	1	0	1	1	0	2	2
TOTALS	14	7	19	4	19	4	52	15

SUICIDES BY METHOD, ETHNICITY AND SEX

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Hanging	0	0	3	1	0	0	3	1
Overdose	1	0	1	0	1	0	3	0
Firearms	1	0	4	0	3	1	8	1
TOTALS	2	0	8	1	4	1	14	2

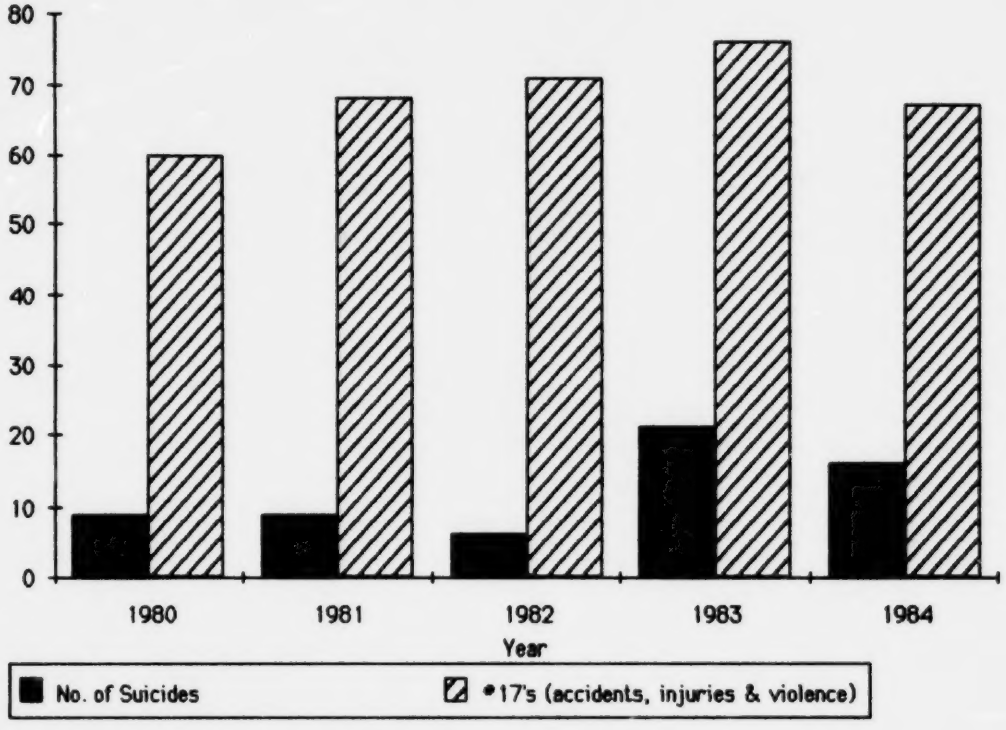
SUICIDES BY METHOD, AGE AND SEX

METHOD	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hanging	0	0	3	0	0	1	0	0	0	0	0	0	0	0	3	1
Overdose	0	0	1	0	1	0	0	0	1	0	0	0	0	0	3	0
Firearms	0	0	4	0	2	0	1	0	0	1	0	0	1	0	8	1
TOTALS	0	0	8	0	3	1	1	0	1	1	0	0	1	0	14	2

SUICIDES BY AGE, ETHNICITY AND SEX

	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	0	0	0	0	0	0	0	0
15-24	1	0	6	0	1	0	8	0
25-34	1	0	1	1	1	0	3	1
35-44	0	0	0	0	1	0	1	0
45-54	0	0	1	0	0	1	1	1
55-64	0	0	0	0	0	0	0	0
65+	0	0	0	0	1	0	1	0
TOTALS	2	0	8	1	4	1	14	2

DEATHS DUE TO ACCIDENTS, INJURIES AND VIOLENCE IN COMPARISON TO DEATHS DUE TO SUICIDES 1980 - 1984.



INFANT DEATHS BY CAUSE, ETHNICITY AND SEX

CAUSE OF DEATH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Respiratory Infection	0	1	1	1	0	0	1	2
Congenital Anomalies	1	2	0	0	0	0	1	2
Accidental Causes	0	1	0	0	0	0	0	1
Prematurity	1	0	1	1	1	1	3	2
Sudden Infant Death Syndrome	0	0	1	0	0	0	1	0
Respiratory Distress Syndrome	2	1	1	2	2	0	5	3
Other/Unknown	0	0	0	0	0	0	0	0
TOTAL	4	5	4	4	3	1	11	10

INFANT DEATHS BY CAUSE, AGE AND SEX

CAUSE OF DEATH	EARLY NEONATAL (0-6 DAYS)		LATE NEONATAL (7-27 DAYS)		POST NEONATAL (28+ DAYS)		TOTAL	
	M	F	M	F	M	F	M	F
Respiratory Infection	0	0	0	0	1	2	1	2
Congenital Anomalies	0	1	0	0	1	1	1	2
Accidental Causes	0	0	0	0	0	1	0	1
Prematurity	2	2	1	0	0	0	3	2
Sudden Infant Death Syndrome	0	0	0	0	1	0	1	0
Respiratory Distress Syndrome	2	1	1	0	2	2	5	3
Other/Unknown	0	0	0	0	0	0	0	0
TOTAL	4	4	2	0	5	6	11	10

INFANT DEATHS BY AGE, ETHNICITY AND SEX

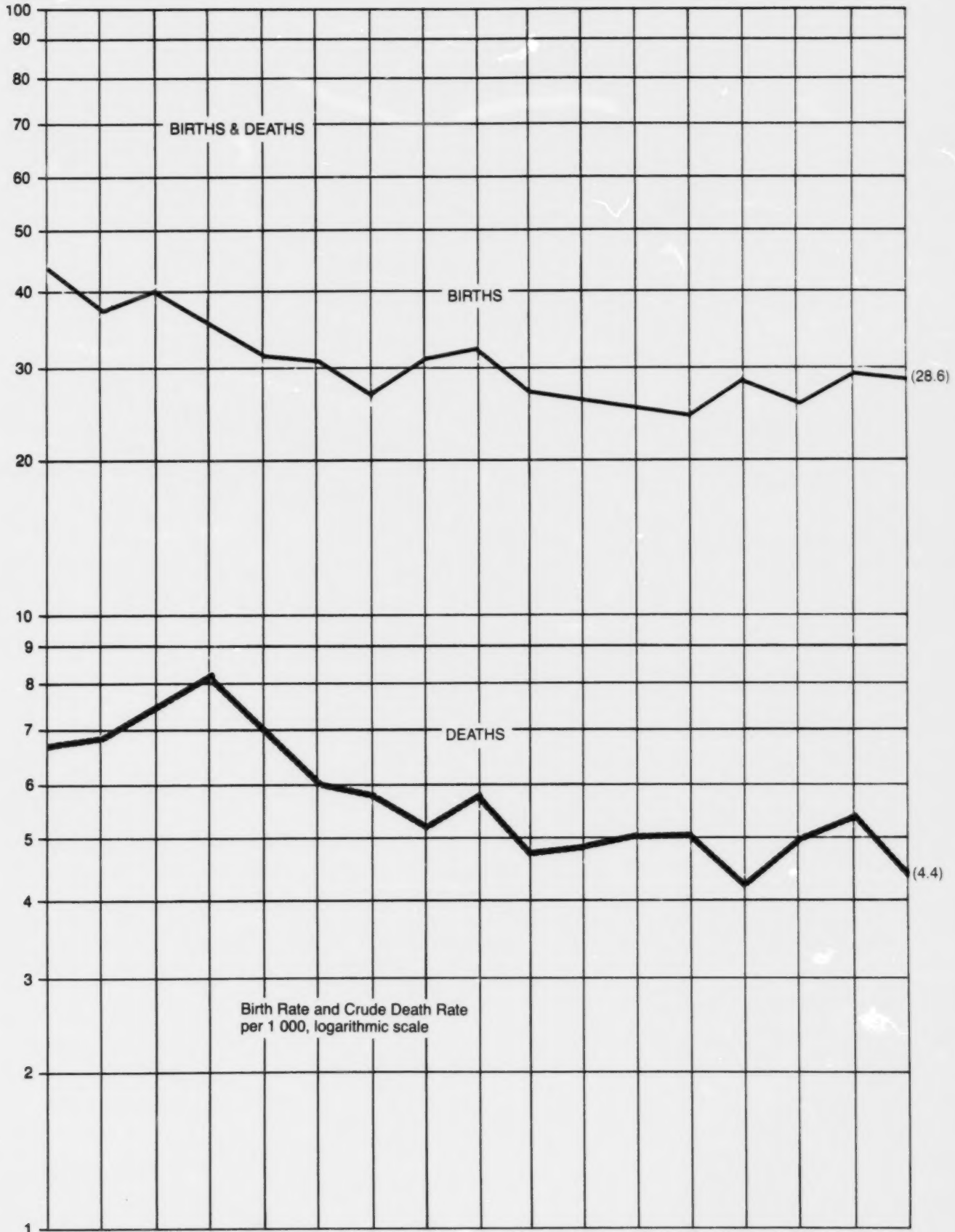
AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Early Neonatal (0-6 days)	1	1	2	2	1	1	4	4
Late Neonatal (7-27 days)	1	0	0	0	1	0	2	0
Post Neonatal (28+ days)	2	4	2	2	1	0	5	6
TOTAL	4	5	4	4	3	1	11	10

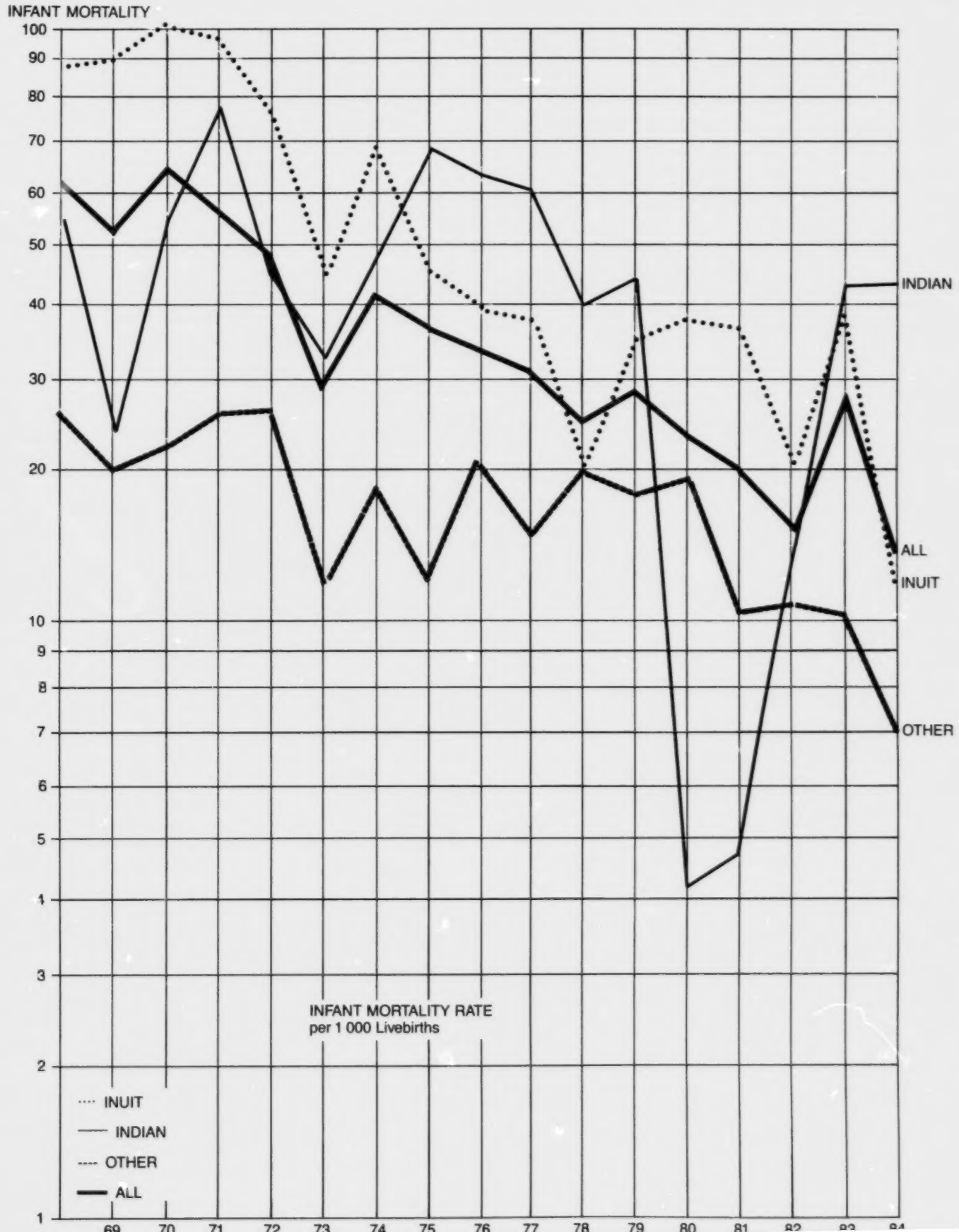
STILLBIRTHS BY CAUSE, ETHNICITY AND SEX

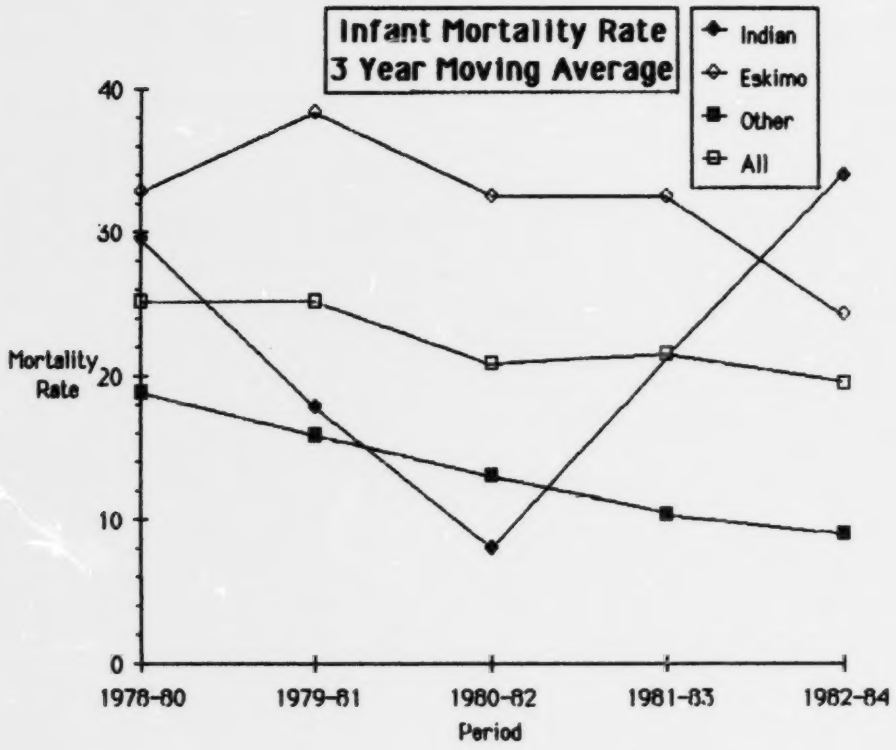
CAUSE OF STILLBIRTH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Abruptio Placenta	0	0	1	1	0	0	1	1
Asphyxia	0	1	0	0	1	0	1	1
Abnormal Placenta Conditions	0	2	0	0	0	1	0	3
Maternal Hypertention	0	0	0	0	0	1	0	1
Other/Unknown	1	1	0	1	2	0	3	2
TOTAL	1	4	1	2	3	2	5	8

MATERNAL AGE GROUPS

	LIVEBIRTHS														STILLBIRTHS						
	14-19 yr.		20-24		25-29		30-34		35-39		40-44		TOTAL		15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	TOTAL
	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#							
MACKENZIE ZONE																					
Indian	1	31	3	36	2	37	1	12	1	3	0	0	8	119	1	1	1	0	1	0	4
Inuit	4	24	0	41	2	16	1	12	0	2	1	4	8	99	0	0	1	0	0	0	1
Other	3	40	7	112	8	159	4	95	4	22	0	1	26	429	1	2	0	2	0	0	5
TOTAL	8	95	10	189	12	212	6	119	5	27	1	5	42	647	2	3	2	2	1	0	10
INUVIK ZONE																					
Indian	0	13	0	31	3	29	1	5	0	9	0	3	4	90	0	0	0	0	0	1	1
Inuit	2	17	0	25	1	22	2	12	0	2	0	0	5	78	0	1	0	0	0	0	1
Other	0	8	2	30	0	41	1	17	0	3	0	0	3	99	0	0	0	0	0	0	0
TOTAL	2	38	2	86	4	92	4	34	0	14	0	3	12	267	0	1	0	0	0	1	2
BAFFIN ZONE																					
Indian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inuit	2	104	5	87	2	59	0	35	0	12	0	6	9	303	1	0	0	0	0	0	1
Other	0	2	0	3	2	13	0	10	0	1	0	0	2	29	0	0	0	0	0	0	0
TOTAL	2	106	5	90	4	72	0	45	0	13	0	6	11	332	1	0	0	0	0	0	1
KEEWATIN ZONE																					
Indian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inuit	3	46	3	54	1	25	1	17	1	6	0	4	9	152	0	0	0	0	0	0	0
Other	0	4	0	2	0	3	2	6	0	0	0	0	2	15	0	0	0	0	0	0	0
TOTAL	3	50	3	56	1	28	3	23	1	6	0	4	11	167	0	0	0	0	0	0	0
TOTAL N.W.T.	15	289	20	421	21	404	13	221	6	60	1	18	76	1413	3	4	2	2	1	1	13


100
90
80
70
60
50
40
30
20
10
9
8
7
6
5
4
3
2
1
BIRTHS & DEATHS
BIRTHS
(28.6)
DEATHS
(4.4)
Birth Rate and Crude Death Rate
per 1 000, logarithmic scale


INFANT MORTALITY
100
90
80
70
60
50
40
30
20
10
9
8
7
6
5
4
3
2
1
INDIAN
ALL
INUIT
OTHER
INFANT MORTALITY RATE
per 1 000 Livebirths
INUIT
INDIAN
OTHER
ALL
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84


Infant Mortality Rate
3 Year Moving Average
Indian
Eskimo
Other
All
40
30
20
10
0
Mortality Rate
1978-80
1979-81
1980-82
1981-83
1982-84
Period

'COPPERMINE'
Van Budge
85

COMMUNITY HEALTH REPRESENTATIVE PROGRAM

1984 saw the graduation of seven Community Health Representatives (C.H.R.) for the Eastern Arctic and the initiation of the Community Health Representative Contribution Program with Hamlet Councils. The ten-month training course provided Community Health Representatives for the Inuit communities of Lake Harbour, Pangnirtung, Pond Inlet, Baker Lake, Coral Harbour, Clyde River and Rankin Inlet. These positions are seen as a valuable asset in the institution of on-going public health at the community level.

1984 also saw the initiation of the Branch C.H.R. Co-ordinating Committee which is made up of Community Health Representatives from the provinces and territories who are in the process of developing a C.H.R. National Conference. N.W.T. Region assisted with the organization of a Regional C.H.R. Workshop which allowed Northwest Territories' Community Health Representatives to meet and develop a working paper on northern C.H.R. issues which will be included as part of the Conference planning.

NATIVE INVOLVEMENT

During 1984 there was an increase in the native involvement thrust in the N.W.T. Region. This was evident in the increased involvement of communities in health issues and their interest in developing committees to address internal problems.

The Inuvik Hospital Advisory Board was developed with a membership that represents the communities served by the Inuvik General Hospital. This Board has also taken the initiative in expanding its role to include community health issues.

Through the two Health Liaison Agreements, the Western Arctic has shown an increased interest in health initiatives. This was evident in the success of the second Dene Health Conference, the theme of which was Holistic Health.

A working relationship has been formulated with the Inuit Women's Association who have taken on the responsibility of health concerns for the Inuit people of Canada.

HEALTH MANAGEMENT INFORMATION SYSTEM

Community Health Information System

The Community Health Information System was designed to facilitate a measurement primarily within such health facilities as nursing stations, health centres and health stations. The system is, however, tied directly with hospitals, medical clinical operations, and other health and administration related functions.

The objectives of the Community Health Information System are:

1. to implement an effective health management information system in order to quantify objectives and standards pertinent to health care planners and providers;
2. to acquire, process and store data and disseminate information in accordance with needs;
3. to provide management with an operational control by concerning itself with the efficiency, quality and effectiveness of programs, and its use of resources in comparison against standards.

The Community Health Services Report Form is designed to facilitate the recording of treatment oriented inpatient and outpatient activities as well as recording public health activities

and administrative duties. It is estimated that approximately 300,000 forms are being completed at the field level per annum throughout communities North of 60°, on a population figure of approximately 52,000.

The immediate capabilities of this system allow for suitable feedback to the individual nursing stations such as community profile data, incidence of disease by age, community and sex, ICD-9 level by zone and nursing station, practitioner profiles by contract, and utilization of public health programs.

The Community Health Services Report Form is a multi-purpose input document which captures nursing services performed in the communities. This system allows for a systematic and comprehensive evaluation of all programs that fall under health services as well as providing an increased knowledge and ultimately a better definition of health problems and issues.

The philosophy of community health nursing is to assist families and communities to attain the highest possible level of health, taking into consideration the social, ethnic, economical and geographical variations that exist. To develop methods of evaluating the effectiveness, incidence and prevalence of disease and the utilization of public health services in a manner that health planners, communities, and residents are able to recognize and ultimately identify the factors leading to these health

problems is, therefore, of the utmost importance.

The Community Health Information System has completed the third year of operation. The information accumulated has been used in such areas as capital planning, operational planning documents, as well as providing historical and statistical data for the many research projects initiated throughout the Northwest Territories.

Activities recorded by nurses in the field and input into the automated Health Management Information System for the period January 1 - December 31, 1984 are summarized in the following tables and graphs.

Tables I - V identify patients and services performed for active treatment and public health activities.

In the Northwest Territories 90,730 clients were seen with 218,049 services being performed by the nurses in the field.

As indicated under the heading of Active Treatment, 60,248 patients were seen and 103,509 services performed by nurses in nursing stations and health units throughout the Northwest Territories. This is an increase of 2,738 patients and 6863 services as compared with 1983.

Public Health indicates 30,482 patients were seen and

114,540 services performed. Public Health consists of programs pertaining to maternal child health, infant health, pre-school health, school health, adult health, environmental surveillance, education, family planning, home visits, screening, immunization, and communicable diseases. These figures show a decrease of 16,073 patients and 35,446 services as compared with 1983 figures.

SUMMARY - NURSING STATION ACTIVITY

PERIOD: January - December 1984
ZONE: Region

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	4,183	4,954
2. Neoplasms	286	405
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	447	608
4. Diseases of the Blood and Blood-Forming Organs	561	685
5. Mental Disorders	1,188	1,648
6. Diseases of the Nervous System and Sense Organs	9,651	13,703
7. Diseases of the Circulatory System	1,566	2,406
8. Diseases of the Respiratory System	17,372	29,366
9. Diseases of the Digestive System	4,556	8,406
10. Diseases of the Genitourinary System	3,782	6,770
11. Complications of Pregnancy, Childbirth, and the Puerperium	334	572
12. Diseases of the Skin and Subcutaneous Tissue	3,430	6,529
13. Diseases of the Musculoskeletal System and Connective Tissue	2,789	5,067
14. Congenital Anomalies	51	103
15. Certain Conditions Originating in the Perinatal Period	28	81
16. Symptoms, Signs, and Ill-Defined Conditions	3,777	9,998
17. Injury and Poisoning	6,247	12,208
Sub-Total	60,248	103,509
PUBLIC HEALTH		
1. Maternal Child Health	3,965	7,504
2. Infant Health	4,825	14,926
3. Preschool Health	3,584	7,518
4. School Health	481	1,297
5. Adult Health	1,605	4,377
6. Environmental Surveillance	0	206
7. Education	3,696	9,449
8. Family Planning	2,183	3,075
9. Home Visits	2,094	6,974
10. Screening	383	3,824
11. Immunization	7,311	13,847
12. Communicable Diseases	355	1,912
13. Administration	0	39,631
14. Public Health General		
Sub-Total	30,482	114,540
TOTAL	90,730	218,049

SUMMARY - NURSING STATION ACTIVITY

PERIOD: January - December 1984
ZONE: Inuvik

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	741	925
2. Neoplasms	32	48
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	147	221
4. Diseases of the Blood and Blood-Forming Organs	76	92
5. Mental Disorders	328	481
6. Diseases of the Nervous System and Sense Organs	1,448	2,051
7. Diseases of the Circulatory System	316	564
8. Diseases of the Respiratory System	3,140	5,101
9. Diseases of the Digestive System	881	1,543
10. Diseases of the Genitourinary System	716	1,336
11. Complications of Pregnancy, Childbirth, and the Puerperium	69	112
12. Diseases of the Skin and Subcutaneous Tissue	665	1,171
13. Diseases of the Musculoskeletal System and Connective Tissue	554	1,023
14. Congenital Anomalies	11	22
15. Certain Conditions Originating in the Perinatal Period	4	17
16. Symptoms, Signs, and Ill-Defined Conditions	710	1,785
17. Injury and Poisoning	1,506	2,936
Sub-Total	11,344	19,428
PUBLIC HEALTH		
1. Maternal Child Health	828	1,682
2. Infant Health	598	2,189
3. Preschool Health	591	1,095
4. School Health	101	293
5. Adult Health	345	783
6. Environmental Surveillance	0	34
7. Education	141	659
8. Family Planning	343	495
9. Home Visits	484	1,512
10. Screening	62	485
11. Immunization	1,132	2,541
12. Communicable Diseases	83	708
13. Administration	0	5,915
14. Public Health General		
Sub-Total	4,708	18,391
TOTAL	16,052	37,819

SUMMARY - NURSING STATION ACTIVITY

PERIOD: January - December 1984
ZONE: Mackenzie

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1,190	1,337
2. Neoplasms	51	79
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	124	161
4. Diseases of the Blood and Blood-Forming Organs	89	104
5. Mental Disorders	295	375
6. Diseases of the Nervous System and Sense Organs	2,947	4,067
7. Diseases of the Circulatory System	326	498
8. Diseases of the Respiratory System	4,736	7,836
9. Diseases of the Digestive System	1,364	2,434
10. Diseases of the Genitourinary System	1,017	1,805
11. Complications of Pregnancy, Childbirth, and the Puerperium	63	120
12. Diseases of the Skin and Subcutaneous Tissue	850	1,682
13. Diseases of the Musculoskeletal System and Connective Tissue	852	1,519
14. Congenital Anomalies	11	20
15. Certain Conditions Originating in the Perinatal Period	7	17
16. Symptoms, Signs, and Ill-Defined Conditions	1,103	2,902
17. Injury and Poisoning	1,902	3,478
Sub-Total	16,927	28,434
PUBLIC HEALTH		
1. Maternal Child Health	919	1,913
2. Infant Health	1,429	6,428
3. Preschool Health	2,226	4,274
4. School Health	207	628
5. Adult Health	459	1,328
6. Environmental Surveillance	0	93
7. Education	2,945	7,137
8. Family Planning	671	888
9. Home Visits	944	3,594
10. Screening	195	1,742
11. Immunization	3,502	6,379
12. Communicable Diseases	167	465
13. Administration	0	10,676
14. Public Health General		
Sub-Total	13,664	45,545
TOTAL	30,591	73,979

SUMMARY - NURSING STATION ACTIVITY

PERIOD: January - December 1984
ZONE: Baffin

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1,079	1,300
2. Neoplasms	170	238
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	95	129
4. Diseases of the Blood and Blood-Forming Organs	206	267
5. Mental Disorders	361	527
6. Diseases of the Nervous System and Sense Organs	2,635	3,831
7. Diseases of the Circulatory System	455	691
8. Diseases of the Respiratory System	4,444	7,835
9. Diseases of the Digestive System	1,234	2,349
10. Diseases of the Genitourinary System	1,039	1,840
11. Complications of Pregnancy, Childbirth, and the Puerperium	129	203
12. Diseases of the Skin and Subcutaneous Tissue	1,024	1,971
13. Diseases of the Musculoskeletal System and Connective Tissue	749	1,318
14. Congenital Anomalies	12	24
15. Certain Conditions Originating in the Perinatal Period	9	21
16. Symptoms, Signs, and Ill-Defined Conditions	990	2,565
17. Injury and Poisoning	1,369	2,971
Sub-Total	16,000	28,080
PUBLIC HEALTH		
1. Maternal Child Health	1,296	2,440
2. Infant Health	1,713	3,894
3. Preschool Health	533	1,124
4. School Health	118	264
5. Adult Health	480	1,372
6. Environmental Surveillance	0	70
7. Education	418	1,090
8. Family Planning	957	1,385
9. Home Visits	466	1,369
10. Screening	90	1,086
11. Immunization	1,529	3,018
12. Communicable Diseases	91	525
13. Administration	0	15,860
14. Public Health General		
Sub-Total	7,691	33,497
TOTAL	23,691	61,577

SUMMARY - NURSING STATION ACTIVITY

PERIOD: January - December 1984
ZONE: Keewatin

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1,173	1,392
2. Neoplasms	33	40
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	81	97
4. Diseases of the Blood and Blood-Forming Organs	190	222
5. Mental Disorders	204	265
6. Diseases of the Nervous System and Sense Organs	2,621	3,754
7. Diseases of the Circulatory System	469	653
8. Diseases of the Respiratory System	5,052	8,594
9. Diseases of the Digestive System	1,077	2,080
10. Diseases of the Genitourinary System	1,010	1,789
11. Complications of Pregnancy, Childbirth, and the Puerperium	73	137
12. Diseases of the Skin and Subcutaneous Tissue	891	1,705
13. Diseases of the Musculoskeletal System and Connective Tissue	634	1,207
14. Congenital Anomalies	17	37
15. Certain Conditions Originating in the Perinatal Period	8	26
16. Symptoms, Signs, and Ill-Defined Conditions	974	2,746
17. Injury and Poisoning	1,470	2,823
Sub-Total	15,977	27,567
PUBLIC HEALTH		
1. Maternal Child Health	922	1,469
2. Infant Health	1,085	2,415
3. Preschool Health	234	1,025
4. School Health	55	112
5. Adult Health	321	894
6. Environmental Surveillance	0	9
7. Education	192	563
8. Family Planning	212	307
9. Home Visits	200	499
10. Screening	36	511
11. Immunization	1,148	1,909
12. Communicable Diseases	14	214
13. Administration	0	7,180
14. Public Health General		
Sub-Total	4,419	17,107
TOTAL	20,396	44,674

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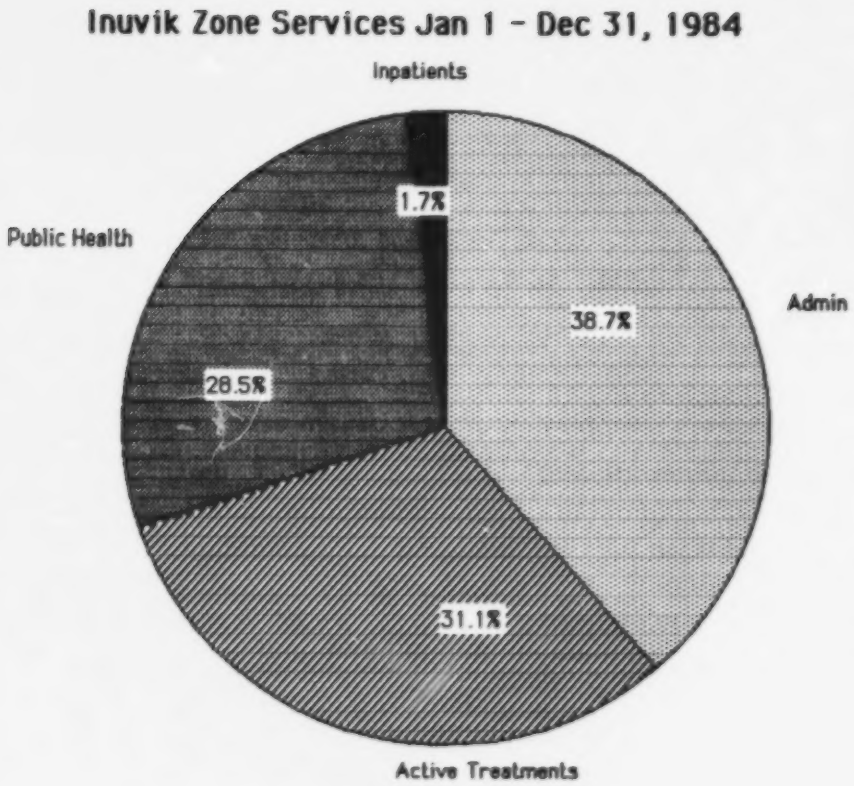

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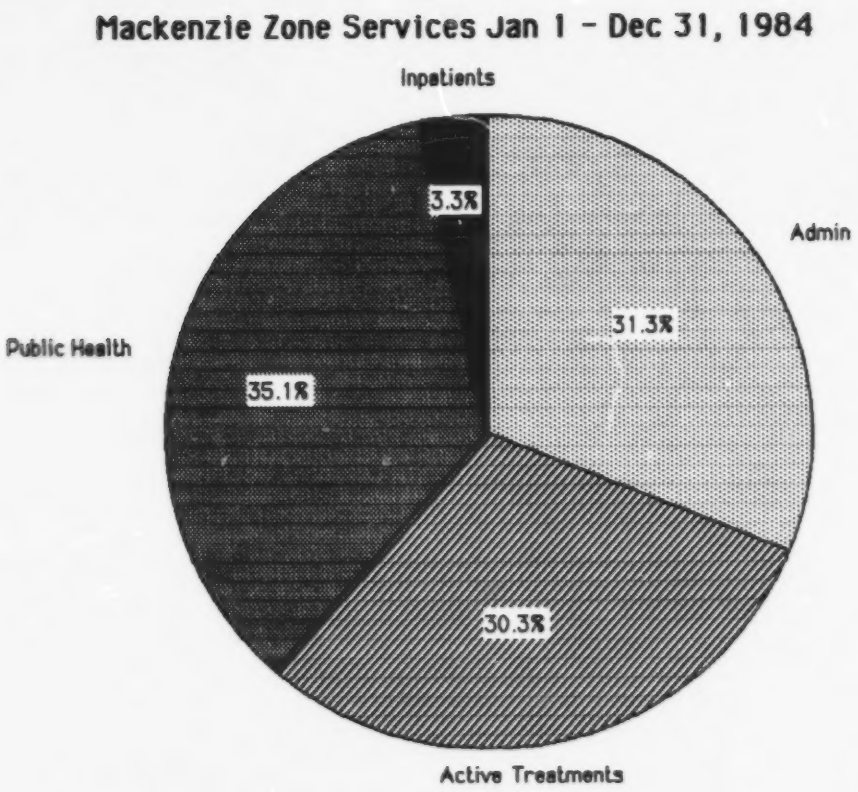

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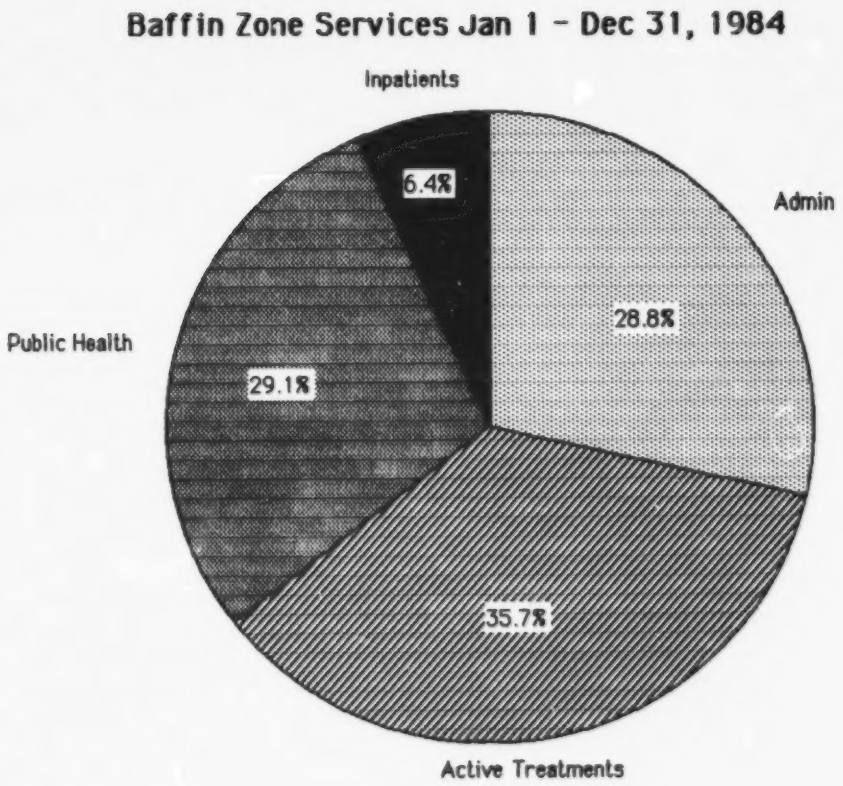

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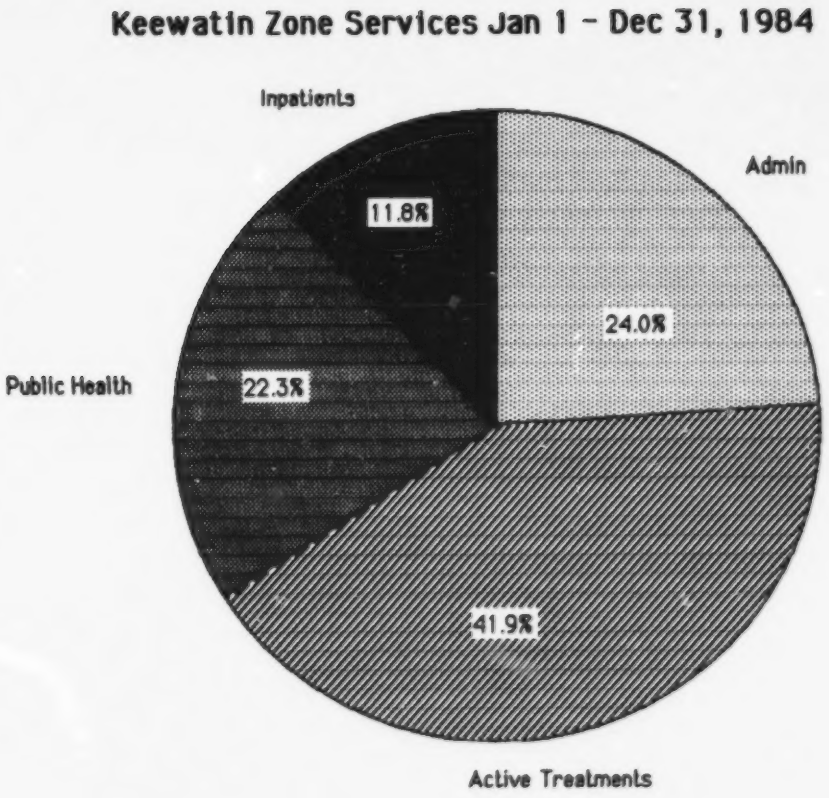

NURSING SERVICES

The maternal and infant health program is of greatest priority within N.W.T. Region. All prenatal patients are encouraged to seek assessment in the early stages of pregnancy for risk identification and follow-up. Prenatal teaching is generally provided on a one-to-one basis. Statistics for 1984 indicate an increase in deliveries occuring in Nursing Stations. This is possibly related to the increasing reluctance of prenatal patients to leave their families and home communities for confinement in an unfamiliar hospital setting. With regard to infant health, emphasis is placed on well baby clinics, immunization constituting a major component of these clinics. An additional important componant of the infant health program is the identification of infants considered to be "at risk." These infants are followed up regularly and parental counselling is provided on a one-to-one basis.

The preschool health program emphasizes immunization and counselling, with regular follow-up being provided for those preschoolers included in the "at risk" category. Physical examinations are carried out for all preschool children, in preparation for initial entry to the school system. Additional aspects of the preschool program include the involvement of Baffin Zone in the development of audiometry and vision programs for developmentally delayed children.

The school health program varies between communities. However, overall, nurses attempt to act as resource persons to the schools. In the school-age group, an increase in the number of child abuse and sexual abuse situations, which require referral under the child abuse ordinance, has been indicated in some communities.

With regard to adult health, an increase in social problems, (ie: those related to marriage, family, mental health, and to the use of alcohol) has been noted. Additionally, there has been an increase in suicides and attempted suicides in some communities. These problems have greatly increased the need for counselling services for the adult population. Moreover, there appears to be an increasing dependence on Community Health Nurses to resolve such problems, rather than communities, families, and individuals taking on the responsibility for problem resolution.

Further to the above, the geriatric population is increasing, with a concomitant increase in the need for services, particularly for those geriatric clientele suffering from chronic diseases. Although the geriatric health program is a priority, the number of home visits for the geriatric population has decreased due to other demands.

Patients of all ages who suffer with a chronic disease are followed at regular clinics and, when possible, at home visits.

The chronic disease program proves to be time consuming, particularly in relation to conditions such as chronic obstructive pulmonary disease and lung cancer. So far as chronic hearing problems are concerned, audiology services for the Keewatin Zone were implemented in cooperation with the Northern Medical Unit in Manitoba. The Chronic Disease Unit, centralized in Edmonton until early 1984, has been transferred to Yellowknife. A chronic disease master file is now maintained at the community level.

Environmental health and safety problems include accidents related to the use of all-terrain vehicles and skidoos, and, in the school age group, the sniffing of gasoline and propane. Although there is an obvious need for more teaching and counselling related to these environmental health and safety problems, resource shortages and demands for other services prevent this need from being met.

Mental health problems continue to present a serious problem, more so in some zones than others, An increasing need for mental health services is evident, as is the lack of resources specifically designated to meet this need. Community Health Nurses and Community Health Representatives have attempted, to the best of their ability, to provide support to those individuals and families in greatest need.

Nutrition education has generally been directed toward the prenatal and infant/pre-school groups. In some areas, breast feeding promotion has been very successful, evident in an increase in the number of breast fed infants as well as in the duration of breast feeding. The nutrition month campaign continues to promote good nutrition for all age groups.

Health education, in general, is combined with preventive and treatment services and is usually carried out on a one-to-one basis. However, presently there are no Health Educators in the Region, making it diffucult to provide support to Community Health Representatives, who are also involved in health education activities.

Treatment services continue to take up more time than any other service, making it difficult to spend the required time on activities designed to promote health and prevent disease. In many areas. attendance at treatment clinics is high, particularly among the young child and elderly age groups. Additionally, in some areas there is an increase in clinic attendance of those individuals seeking treatment associated with alcohol related injuries and illnesses. Furthermore, epidemics of illness (e.g. influenza) also increased the need for treatment services.

The need for public service health services will be more adequately met with the establishment in the near future, of a public service health unit in Yellowknife.

Administrative activities, at all levels of service, continue to demand a great deal of time. At the field level, specialists visits contribute significantly to the administrative workload of field nurses, while completion of role studies and the development of new catalogues and manuals and the revision of those already in existence, constitute additional administrative tasks at the Zone level.

In conclusion, there is a significant need for more activities or services focusing on health promotion and disease prevention. Presently, the maternal and infant health program is of greatest priority. However, because human resources have been in short supply, and because there is a high demand for treatment services, other services designed to promote health and prevent disease have been offered on a limited basis only. This situation will persist until a full range of services can be offered in the absence of the present limitations or restrictions.

REPORTED IMMUNIZATION STATUS-1984
REGION

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 1,311	D.P.T.	85.9	13.8
	Polio	86.4	13.5
	Measles	57.2	0
	B.C.G.	57.1	0
PRE-SCHOOL 1-4 4,775	D.P.T.	91.4	8.6
	Polio	90.4	9.6
	Measles	97.3	0
	Mumps	96.4	0
	Rubella	95.6	0
	B.C.G.	66.3	0
SCHOOL-AGE 5-19 16,291	Diphtheria/Tetanus	84.4	2.7
	Polio	84.5	2.5
	Measles	73.9	0
	Mumps	64.3	0
	Rubella	64.5	0
	B.C.G.	52.1	0
	Smallpox	1.8	0

REPORTED IMMUNIZATION STATUS-1984
INDIAN

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 334	D.P.T.	43.5	8.1
	Polio	43.2	7.8
	Measles	25.8	0
	B.C.G.	47.3	0
PRE-SCHOOL 1-4 1,105	D.P.T.	69.5	5.0
	Polio	69.5	3.9
	Measles	72.8	0
	Mumps	60.7	0
	Rubella	56.9	0
	B.C.G.	58.3	0
SCHOOL-AGE 5-19 4,178	Diphtheria/Tetanus	61.2	2.0
	Polio	61.2	1.9
	Measles	59.0	0
	Mumps	52.2	0
	Rubella	59.9	0
	B.C.G.	57.8	0
	Fluzone	1.2	0
	Smallpox	5.4	0

REPORTED IMMUNIZATION STATUS-1984
INUIT

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 534	D.P.T.	86.1	13.9
	Polio	87.8	12.2
	Measles	55.1	0
	B.C.G.	98.9	0
PRE-SCHOOL 1-4 2,057	D.P.T.	93.3	6.7
	Polio	94.5	5.5
	Measles	100	0
	Mumps	99.9	0
	Rubella	99.5	0
	B.C.G.	97.0	0
SCHOOL-AGE 5-19 7,190	Diphtheria/Tetanus	87.8	2.4
	Polio	88.1	2.3
	Measles	68.3	0
	Mumps	56.4	0
	Rubella	49.0	0
	B.C.G.	76.5	0

REPORTED IMMUNIZATION STATUS-1984
OTHER

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 443	D.P.T.	81.9	18.1
	Polio	80.5	19.5
	Measles	83.3	0
	B.C.G.	14.0	0
PRE-SCHOOL 1-4 1,613	D.P.T.	86.6	13.4
	Polio	81.4	18.6
	Measles	100	0
	Mumps	100	0
	Rubella	100	0
	B.C.G.	32.7	0
SCHOOL-AGE 5-19 4,932	Diphtheria/Tetanus	96.3	3.7
	Polio	96.8	3.2
	Measles	94.6	0
	Mumps	85.8	0
	Rubella	91.0	0
	B.C.G.	11.4	0

COORDINATED HOME CARE

Coordinated Home Care is a hospital based program of coordinated medical, social and home support services. It encourages and assists individuals, especially elderly and disabled persons, to maintain personal and independent lifestyles in home environments for as long as possible.

Services provided through the program are dependent upon the needs of the community and can include professional services such as physician services, nursing, physiotherapy, homemaker services, meals-on-wheels, equipment loan, and such neighbour services as handyman, transportation, errand running and friendly visiting.

All residents of the Northwest Territories are covered by the program. However, priority is given to the elderly, the chronically ill and the disabled. Recipients must demonstrate a need for at least one professional/home support service based on a clinical, functional and social assessment performed by the Home Care Coordinator.

The program is jointly funded by the Territorial Hospital Insurance Services of the Department of Health and the Department of Social Services.

There are no user fees charged to the recipients of Coordinated Home Care for nursing and medical entry services. A user fee may be charged by Social Services based on a sliding scale dependent on income. A nominal fee is charged for meals-on-wheels.

EXTENDED MEDICAL BENEFITS

Extended Medical Benefits are intended to assist Northwest Territories residents with costs related to the investigation, treatment, maintenance, and/or rehabilitation of certain long term chronic disease conditions. These conditions are cancer, cleft lip/cleft palate, congenital anomalies and chronic disease of the urinary system, cystic fibrosis, diabetes mellitus, spina bifida, tuberculosis, and chronic psychosis. In 1985 coverage will be expanded to include cerebral palsy, cytomegalovirus, diabetes insipidus, multiple sclerosis and asthma up to 19 years of age.

The benefits provided are beyond the scope of Medicare/ T.H.I.S. and relate to air and ground transportation, stipends for meals and accommodation costs, medical-surgical appliances, supplies and prosthetics, escort services, and medical, institutional, and other health services which are not covered by the Northwest Territories Health Care Plan, or through other means.

EXTENDED/CHRONIC CARE AND NURSING HOME CARE

Extended/Chronic Care and Nursing Home Care services, implemented in April 1983, are administered by the Department of Health, Government of the Northwest Territories, and are provided in approved hospitals in the Northwest Territories. The services are partially insured benefits under the Territorial Hospital Insurance Services Ordinance. If Extended/Chronic Care or Nursing Home clients cannot be accommodated in a Northwest Territories facility, the T.H.I.S. Board may make arrangements with a provincial institution to accommodate these patients, and may subsidize the costs in a manner equivalent to care provided in the Northwest Territories.

Extended/Chronic Care is defined as the level of care required by clients who require regular and continuous medical attention, highly skilled technical nursing supervision on a 24-hour basis, and special techniques for improvement and/or maintenance of function. Approved diagnostic facilities must be readily available.

Nursing Home Care is defined in general as the level of care required by clients who have advanced physical and/or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future (barring an accident or additional disease).

PHARMACARE

The Pharmacare Program for Senior Citizens was introduced by the Government of the Northwest Territories on July 1, 1979. It was established to provide prescription drug coverage for pharmaceutical products from an approved list - "The N.W.T. Pharmacare Formulary" to residents who were sixty-five years of age or more, and to residents who were diagnosed as having certain long term debilitating disease conditions.

On April 1, 1980, on behalf of Medical Services, Health and Welfare Canada, Pharmacare was expanded to include the administration, of prescription drug coverage for Formulary drugs for status Indian/Inuit persons. Medical Services fund the costs for this portion of the Pharmacare Program, and also establish the terms and conditions under which it operates.

During the same year the Department of Health also undertook administrative responsibility on behalf of Social Services for the payment of formulary drugs for indigent non-Indian/non-Inuit residents. Social Services fund these costs and establish the terms and conditions of the indigent portion of Pharmacare.

An integral part of Pharmacare is the N.W.T. Pharmacare Formulary. The Formulary is a listing of approximately 1,700 therapeutically effective drugs that have been approved as benefits under the program. It was compiled and is subject to ongoing review by the N.W.T. Pharmacare Formulary Advisory committee whose members, appointed by the Department of Health, represent the medicine and pharmacy professions. Use of the Formulary ensures that drugs provided to beneficiaries under the Pharmacare Program meet recognized standards of proven quality.

N.W.T. TOBACCO PROGRAM

The survey "Tobacco Use Among Students in the Northwest Territories" was conducted in November 1982 to establish baseline measures of smoking-behaviour in the school population in the N.W.T. The measures will be used to develop health education programs over time.

Smoking rates in the N.W.T. school population are among the highest levels recorded for a school population in Canada. The smoking prevalence levels within the N.W.T. schools have ominous

implications for the current and long term health status of the students. Based on this report the Department of Health established a position for a health promotion officer (Tobacco) for a six month term position. The officer will be responsible for developing, implementing and evaluating community based programs for N.W.T. residents focusing on the use of smoked and non-smoked tobacco. The officer will also provide assistance to government or other interested departments to establish policies on smoking in the workplace.

An integral part of an overall strategy is one of education. Other areas include production and distribution of resource materials in the native languages, conducting seminars for health and education professionals, the public and school children, and obtaining support from various health, sport and private sector agencies.

An Interagency Committee on Tobacco and Health consisting of 12 representatives from various agencies, government departments, native groups and citizens acts in an advisory capacity to the Minister of Health with regard to the tobacco issue.

N.W.T. SCHOOL HEALTH PROGRAM

The high rate of injuries due to accidents and violence, suicides, sexually transmitted diseases, teenage pregnancies, infant mortality, alcoholism and other drug abuse in the Northwest Territories led to the introduction of the School Health Program in 1983. The goal of this program is to develop a health education curriculum for all schools in the N.W.T., from kindergarten through grade 12.

The program is being developed in three major stages. The first stage focused on the health needs and priorities of residents of the N.W.T. and utilized two approaches. One approach consisted of a qualitative study which included questionnaires and interviews aimed at determining the felt needs of students, parents, teachers, school administrators, and local education authorities. In all, some three thousand responses were collected in the qualitative assessment. The second approach consisted of a quantitative analysis of health care data. Prevalence of illnesses for various age groups was determined by the frequency of visitations to health professionals. Once the health needs and priorities were established, educational goals and objectives were formulated to address them.

The second stage of the School Health Program consists of the development of learning materials and pilot testing. At the end of the 1984-85 school year, two strands of the curriculum--Alcohol and Other Drugs and Mental and Emotional Well Being--had been developed and pilot tested.

Revision and implementation constitute the third and final stage of the program. The Alcohol and Other Drug and Mental and Emotional Well Being strands will be revised and ready for implementation in all classrooms during the 1985-86 school year.

The other strands of the curriculum--Growth and Development, Nutrition, Family Life, Safety and First Aid, and Dental Health--are also being developed and pilot tested and will be revised and ready for implementation by 1987.

The School Health Program is funded by Health and Welfare Canada, Health Promotion Directorate. The program staff are guided by an advisory committee composed of a cross section of N.W.T. residents representing communities, interest groups, and professionals in the fields of health and education. The program also has an official evaluator as an additional means of quality control, a professor of health education from the University of Manitoba.

MEDICAL TRANSPORTATION PROGRAM

In the Northwest Territories people must often travel long distances at considerable cost in order to receive necessary health services. Medical transportation benefits are available to N.W.T. residents so that these costs will not prevent them from getting either Government or employer-sponsored programs. The Government programs are limited to people who do not have access to similar benefits from any other source (i.e. from employers). There are two Government programs:

1. Federal Government

Health and Welfare Canada pays all the costs of medical transportation for Status Indians, and also for Inuit residents on the outgoing portion of their journey. Travel costs are also paid for medical and non-medical escorts.

2. Government of the Northwest Territories

The Department of Health, through its Medical Transportation Program, provides benefits to the following groups:

a) Non-native residents of the N.W.T. - airfare costs for patients (and ambulance costs in certain circumstances) and all transportation costs for medical and non-medical escorts.

b) Indigent non-native residents - all transportation costs for patients and their escorts.

c) Returning Inuit - Transportation for patients and their escorts on the homeward portion of their journey.

In addition, people suffering from debilitating chronic diseases are eligible for comprehensive medical travel benefits under the Extended Medical Benefits program.

The Department of Social Services pays medical transportation costs for persons on compassionate travel (travel requested by a physician to enable a family member to visit a hospitalized patient in critical condition - the person travelling must be in financial need to qualify for benefits).

G.N.W.T. medical travel warrants are used to authorize all medical travel under Government programs as well as medical travel in emergencies for non-residents and persons eligible for benefits through their employment. The Department of Health pays the airlines and then recovers the airfare costs from the appropriate responsible parties. Other costs (i.e. taxis, ambulance, accommodation) are paid directly by the responsible parties in most cases.

The accompanying table shows the number of GNWT medical travel warrants issued in 1984 under the government programs described above. Warrants are used to authorize air travel for patients travelling for health care reasons. On average, more than one patient is authorized to travel per warrant.

GOVERNMENT MEDICAL TRANSPORTATION PROGRAMS:

NUMBER AND COSTS OF WARRANTS

	NUMBER OF WARRANTS	TOTAL COSTS OF WARRANTS
1. GOVERNMENT OF THE N.W.T.		
a) Non-native residents	1,388	779,387
b) Indigent Non-native residents	181	44,642
c) Returning Inuit Residents	4,208	1,322,059
d) Extended Medical Benefits	286	97,060
e) Compassionate Travel	30	10,608
TOTALS - G.N.W.T.	6,093	2,253,756
2. HEALTH AND WELFARE CANADA		
a) Status Indian and outbound Inuit residents	9,639	5,462,767
TOTALS - HEALTH AND WELFARE CANADA	9,639	5,462,767
GRAND TOTALS	15,732	7,716,523

Boarding home services are an important component of medical transportation services for N.W.T. residents. Three boarding home facilities exists to serve N.W.T. residents. The Winnipeg Boarding Home (operated by the Department of Health) serves Keewatin Region residents travelling to Winnipeg for health care. The Churchill Transient Centre (operated by the Department of Social Services) serves Keewatin residents who travel to Churchill for health services. The Montreal Boarding Home (owned by the GNWT and operated by the Baffin Regional Hospital) will be opened in October of 1985 to serve Baffin Region residents.

In April of 1984, the Minister of Health, the Honourable Bruce McLaughlin, appointed the Air and Ground Ambulance Policy Advisory Committee, with representatives from the Government of the N.W.T. (Department of Health and Local Government), Health and Welfare Canada, the St. John Ambulance, the R.C.M.P. and the N.W.T. Association of Municipalities. The committee was instructed to examine current ambulance services in the N.W.T., and to provide advice to the Minister regarding the development of legislation, regulations and other aspects of policy pertaining to air and ground ambulance services.

In January of 1985 the committee presented a preliminary report to the Minister summarizing their findings and recommendations. Subsequently, the Minister tabled the preliminary

report in the Legislative Assembly (February) and instructed that it be distributed to more than one hundred organizations in the N.W.T. for review and comment (March). The Department of Health received a number of written submissions in response to the distribution of the report.

The committee will be presenting their final report to the Minister of Health in the fall of 1985. The report will contain recommendations for major changes in emergency health services in the N.W.T.

HEALTH TRAINING BURSARY PROGRAM

The Health Training Bursary Program pays tuition and/or expenses for studies to assist persons interested in furthering or obtaining a health related career for which there is a need in the Territories.

The Health Training Bursary Program began in 1956. It was patterned on the Professional Training Program under National Health grants, whereby nurses in any province could apply for financial assistance for educational purposes by making an employment commitment with the specific province. At the same time, Indian and Northern Health Services established an educational leave policy based on the same terms of reference.

The program is open to all persons interested in furthering or obtaining a career in health care for which there is a need in the Northwest Territories. The program is administered by the Department of Health.

PHYSICIAN RECRUITMENT PROGRAM

At the request of Medical Services Branch, Health & Welfare Canada, the GNWT Department of Health assumed responsibility in 1982 for recruiting and staffing physicians in several remote communities of the N.W.T. where Health and Welfare Canada had already established federal hospitals and nursing stations.

Since that time the Baffin Regional Hospital has come under the authority of the GNWT, and with that change the hospital assumed direct responsibility for its recruitment. The same situation occurred in Fort Smith where a stable physician team has been in place since this past year.

The Physician Recruitment Program within the Programs and Standards Division of the Department of Health carries responsibility for recruitment of six physicians in Inuvik and solo physicians in Rae/Edzo, Cambridge Bay and Fort Simpson. The physicians in these communities do monthly settlement visits to the outlying hamlets, conduct medical clinics and make appropriate referrals.

The recruitment staff work closely with other government and private physician incentive programs to seek physicians with experience and a keen interest in working in the north. Both full-

time and replacement physicians are recruited.

The recruitment coordinator has developed a benefits package for one-year renewable appointments. These are salaried positions with leave provisions and other benefits designed to be competitive with other programs across the country. Discussions with interested physicians often focus on the advantages of the northern medical experience. They include discussion of the practicalities of life in the north, especially in these days when the needs of the spouses and children of physicians are as significant in a relocation decision as the practice opportunity for the physician.

THE DR. OTTO SCHAEFER HEALTH RESOURCE CENTRE

The Dr. Otto Schaefer Health Resource Centre, established six years ago, is the combination of health resource materials from the Northwest Territories Region of Medical Services and the Northwest Territories Department of Health. The centre has resulted in a comprehensive program to facilitate the health education needs of health and allied professionals, school teachers, voluntary agencies, as well as, the general public of the Northwest Territories.

The Health Resource Centre includes along with Dr. Schaefer's publications:

4500 medical, nursing and social sciences library books,

4000 government documents,

750 pamphlet titles,

500 films, 350 filmstrips

Cassettes, slide tapes and a wide selection of posters.

The major users include territorial nursing stations, health centres, hospitals and schools. Voluntary agencies and the general public are also encouraged to use the Health Resource Centre, which is the only one of its kind in the Northwest Territories. Located in Yellowknife, the Centre distributes around 5000 pamphlets and posters per month and loans films and videos on a regular basis.

In spite of some growth problems, the centre will shortly be increasing its staff to include a librarian, technician and clerk.

NUTRITION PROGRAM

During 1984 Nutrition Programs were coordinated in the Northwest Territories by one staff member, the Regional Nutritionist, located at the Regional Office in Yellowknife.

The main activities in 1984 have been the National Data Base on Breastfeeding, three nutritional education campaigns, working towards Nutrition Guidelines for the Northwest Territories - Phase I and Phase II, and the coordination of five nutrition projects:

1. Daycare Centres Food Service Manual
2. Weight Loss Resource Manual
3. "Facts about Junk Food", a video
4. Prenatal Nutrition Publications
5. The N.E.E.D. Project: Communications in Nutrition

Other programs such as the "Vitamin Supplement Program" and nutrition consultation through the " Maternal and Child Health Care Program" continued to be delivered to the population through the field staff.

The Regional Nutritionist continued to co-chair the "Nutrition Liaison Committee of the N.W.T." which met four times in 1984. This committee provides a forum for exchanging views and developing new concepts on effective nutrition programming.

In terms of program delivery, the nurses and community health representatives have played an instrumental role in advancing the following nutrition education activities in the communities.

NUTRITION EDUCATION CAMPAIGNS

1. Nutrition Month - March 1984

In collaboration with the Canadian Dietetic Association and the Nutrition Liaison Committee of the N.W.T., Medical Services Branch coordinated the Nutrition Month '84 Campaign "Eat Well for Today and Tomorrow".

The campaign provided information on 3 main topics:

1. Information and Better use of Native Food Resources
2. Better value for your food dollar
3. Identifying Food myths and fallacies.

Over 1,000 kits were sent throughout the N.W.T.

Evaluation

Evaluation sheets were returned from 73% of the N.W.T. communities.

Nutrition month activities took place in the schools of 63% of the N.W.T. communities.

Most of the respondents (95%) thought that people learned about nutrition during this campaign.

96% agree that the Nutrition Month campaign should be maintained in the N.W.T.

2. Nutrition and Physical Fitness Promotion Campaign - May 1984

A package containing information on Nutrition and Physical Fitness was put together by M.S.B. and sent to all its staff in the field (i.e. hospitals, health centres, nursing stations). The purpose of the campaign was to inform the population of the benefits of good nutrition and physical fitness to achieve and maintain a higher degree of health.

Evaluation

The evaluation revealed that 89% of the respondents wanted a weight control package developed for the N.W.T.

3. World Food Day - October 16, 1984

In collaboration with the World Food Day Association, 380 resource kits were sent throughout the Northwest Territories to Medical Services Branch staff,i.e. hospitals, health centres and nursing stations; schools and education centres; press and other media; hamlet and band councils; health committees,and native associations. The purpose of this campaign is to promote an awareness of the world food situation among the Canadian population.

Evaluation

The evaluation revealed that of the respondents 52% participated in World Food Day and 68% believe issues regarding world hunger should be discussed in the Northwest Territories.

NUTRITION GUIDELINES FOR THE NORTHWEST TERRITORIES - PHASE I & II

In collaboration with the Nutrition Liaison Committee of the N.W.T. and the G.N.W.T. Department of Health, Medical Services Branch is working towards establishing Nutrition Guidelines for the Northwest Territories.

Nutrition Guidelines specific to the N.W.T. are necessary if one wants to deal efficiently with the nutritional concerns of its population. Phase I was accomplished in May 1984. It consisted of a survey done with nurses in the field, a comparison of nutrition guide- lines presently in use in Canada and internationally, as well as the tabulation of a bibliography on northern nutrition. Phase II was started December 3, 1984 and is to be completed by March 31, 1985. It will identify and set priorities for nutrient related problems, identify and set priorities for programs for nutrition related diseases, and identify food habits and eating practices that might influence nutritional status.

COORDINATION OF FIVE NUTRITION PROJECTS

1. The N.E.E.D. Project : "Communications in Nutrition"

This project was initiated in 1983 in collaboration with the Dene Nation. It consists of the production of video cassettes on five nutrition topics.

The following four projects were sponsored by the Yellowknife Friendship Centre "Tree of Peace":

2. Daycare Centres Food Manual

Concern was first expressed at the Nutrition Liaison Committee of the N.W.T. about the quality of food in daycare centres in the N.W.T. A manual is to be designed to assist daycare workers in providing healthy food in daycare centres. Research to do so started in December 1984 and the manual is to be ready by mid-1985.

3. Weight Loss Resource Manual

Nurses in the field have often expressed a need for a Weight Loss Resource Manual to conduct workshops. Such a manual was initiated in December 1984 and will be completed by March 31, 1985.

4. "Facts about Junk Food" video

The high consumption of so called "Junk Food" is a concern for many health professionals. A video to inform the public about the effects of Junk Food on health was started in 1984 and is to be finished by March 31, 1985.

5. Prenatal Nutrition Publications

Many requests for Prenatal Nutrition "handouts" have prompted M.S.B. to produce relevant prenatal "handouts" for the N.W.T. This project was started in December 1984 and is to be completed by March 31, 1985.

THE NATIONAL DATA BASE ON BREASTFEEDING

Data collection for the National Data Base on Breastfeeding

initiated in 1983, continued until the end of June 1984. The "report on the analysis of the community health team questionnaire" was published in April 1984 and forwarded to all communities of the N.W.T. The hospital questionnaire results and the tabulation of the infant records will be tabulated and sent to all communities in 1985.

OTHER NUTRITION MATTERS

1. Training Program for Community Health Representatives, Baffin and Keewatin.

Nutrition training was part of the Eastern C.H.R. Training Program. A three and a half day workshop on nutrition was given in March in Frobisher Bay.

2. Dietitian at the Inuvik General Hospital

The dietary service of the Inuvik General Hospital has a permanent Dietitian on staff.

3. Northern Food Cost Studies

The Department of Indian and Northern Affairs, together with a number of other federal government departments and agencies including Medical Services Branch, N.W.T. Region, did a study of the costs of foodstuffs in northern communities. A number of

reports were released in the fall of 1984 and were circulated in communities of the N.W.T.

4. Northern Nutrition Association

A Nutrition Association was established in the fall of 1984 in Yellowknife. Its purpose is to provide a forum for nutrition professionals to meet and to promote nutrition among the residents of the Northwest Territories.

PUBLIC SERVICE HEALTH PROGRAM

1. Medical Assessments

The Public Service Health Program (PSH) reviews pre-employment and periodic health assessments for employees of all Federal Government departments operating in the Northwest Territories (NWT), with the exception of Defense and the RCMP which operate their own services. Assessments are also performed on behalf of the Territorial Government.

The primary objective of the medical review is to ensure that individual employees and their dependents are medically fit for life and work in the relatively harsh conditions they may encounter, especially in isolated communities. Required standards of fitness and the frequency of examination are related specifically to job type and the location. A continuing obligation of the program is the review of such standards to assure their

conformity with current medical and related knowledge. A review of current requirements is scheduled to be conducted by Medical Services Branch during 1985.

A secondary purpose is to assess the health of employees who apply to have previous service recognized for superannuation benefits and to identify employees who have medical grounds for early retirement.

Most of the medical examinations referred to above are carried out by private physicians often thousands of kilometres away from the Regional office where examination findings must be reviewed. During 1985, the contributors to unnecessary delay in the processing of medical examinations and the potential for their elimination will be examined.

2. Employee Assistance

Employee assistance services, aimed at the identification of employees suffering from medical or other problems and early referral to appropriate sources of help, are also provided through the PHS program. To facilitate this process some employees from each zone are being equipped with the skills to provide preliminary assessments and to make referral for outside assistance when necessary. Concurrently, an attempt is being made within the Region to strengthen the support services to which troubled individuals might be directed.

3. Environmental Surveillance

To date the program has been able to make only a limited contribution toward environmental surveillance of the workplace. These matters will receive increased attention during 1985. Environmental Health Officers (EHO's) in the four Zones will be responsible for conducting preliminary inspections and responding to complaints from their respective areas. The Public Service Health EHO at Regional Headquarters will be responsible for co-ordinating inspections, providing advice to the Zone E.H.O.'s,carrying out investigations when required and compiling data on allworkplaces located within the N.W.T.

The primary objective of the PSH environmental surveillance program during the 1985-86 fiscal year is to establish a data base for all federal workplaces in the Region. This information will support the development of a program that will be effective in anticipating and responding to hazards in the workplace.

The accompanying table summarizes medical examination reviews conducted during 1984. Preliminary information on environmental surveillance activities will be provided in the report for 1985.

PHYSICAL EXAMINATIONS REVIEWED UNDER PUBLIC SERVICE HEALTH PROGRAM, BY AGENCY AND REASON FOR EXAMINATION
N.W.T. REGION

DEPARTMENT OR AGENCY	PRE-EMPLOYMENT EMPLOYEES	PRE-EMPLOYMENT DEPENDENTS	PERIODIC	ELECTIONS OR TRANSFERS	SUPERANNUATION RETIREMENT, OTHER	TOTAL
Government of Canada						
Health and Welfare	205	35	8	2	10	260
Transport	70	22	108	0	3	203
Environment	20	7	8	0	1	36
Indian Affairs & Northern Development	6	10	1	0	5	22
Public Works Fisheries & Oceans Other	3	2	29	0	9	43
Government of the NWT and Crown Corporations	52	52	1	6	63	174
Total	356	128	155	8	91	738

PHYSICAL EXAMINATIONS REVIEWED UNDER PUBLIC SERVICE
HEALTH PROGRAM, BY AGENCY AND FITNESS CLASSIFICATION
N.W.T. REGION

DEPARTMENT OR AGENCY	CLASS A FIT	CLASS B FIT WITH LIMITATIONS	CLASS C UNFIT	CLASS D UNFIT TO PURCHASE PAST PENSIONABLE SERVICE	TOTAL
Government of Canada					
Health and Welfare	257	3	0	0	260
Transport	199	4	0	0	203
Environment	34	1	1	0	36
Indian Affairs & Northern Development	21	0	1	0	22
Public Works Fisheries & Oceans Other	41	0	1	1	42
Government of the N.W.T. and Crown Corporations	169	3	2	0	174
Total	721	11	5	1	738

ENVIRONMENTAL HEALTH AND SURVEILLANCE

The Environmental Health Program in the Northwest Territories is presently being carried out by a staff of eleven Environmental Health Officers. The health officers are strategically placed throughout the region on the basis of geographical area and population density in each of the four Medical Services zones. This has resulted in the following distribution; two health officers located in regional office in Yellowknife, two in Baffin zone, two in Inuvik zone, one in Keewatin zone and four in Mackenzie zone (three located in Yellowknife and one in Hay River). The new Environmental Health Officer position at Regional Headquarters is dedicated to coordinating activities relating to the Public Service Health Environmental Surveillance Program.

During the past year staff vacancies accounted for a slippage of two person years, which resulted in eight person years being utilized out of a possible ten. (The newly acquired Public Service Health EHO position was filled at year end). Inuvik zone was the area most affected as it was without environmental health officers for approximately five months. Complaints and Project Reviews that originated in the zone were handled by regional office. In Mackenzie zone the Hay River position was vacant for approximately 9 months during the last fiscal year. As a result, the EHO's

located in zone office have attempted to provide the service from Yellowknife. In order to relieve some of the pressure created by this arrangement an EHO was hired for a six week term to carry out surveillance activities in the Central Arctic. In terms of Baffin and Keewatin zones, we were able to maintain an adequate level of service in most northern settlements, but there were occasions when the frequency of visits to communities fell below policy guidelines.

A comprehensive approach toward environmental and occupational health inspection services has been instituted in the North to ensure conformance with responsibilities outlined in the Public Health Ordinance and Regulations, Federal and International Acts, Regulations and Policies and community by-laws.

A major thrust in the Environmental Health Program is to work closely with all agencies or individuals carrying out services which have an impact on public health and to educate them in proper practices to reduce hazards to the public. All restaurants, food retail outlets, hotels, motels, tourist lodges, industrial camps, craft shops, community and/or parish halls, schools, swimming pools, etc., are inspected on a routine basis to ensure compliance with all relevant public health regulations is emphasized through an enforcement by education approach. However, legal action may be taken when noncompliance is continued without due cause.

Although the water monitoring program in the N.W.T. is tailored to the Canadian Drinking Water Guidelines, 1978, transportation and shipping difficulties have prevented us from meeting the sampling frequency recommended for bacteriological analysis. In an effort to combat this situation each of the four zones have been equipped with portable millipore testing equipment. This has resulted in an improvement to our water monitoring program, but the target figure of 60% has not been accomplished due to staff vacancies experienced in the zones.

In regard to the Water Monitoring Program for chemical parameters, all communities in the N.W.T. have had each of the water sources servicing their community tested for the following chemical parameters over the past two years.

Conductivity	Flouride
Hardness (total)	Chloride
Calcium	Sulphate
Magnesium	Turbidity
Sodium	Color
Potassium	Manganese
Alkalinity	Nitrates (total)
PH	Iron

Mega Project development is continuing to impact rather heavily upon the Environmental Health Program. This is evidenced in the large transient population and the rapid growth in the number of industrial camps in Inuvik Zone, continued exploratory

activity around Melville Island, and the development of natural (i.e. mining) resources throughout the region. Despite these impacts we were able to provide adequate levels of service to most of the industrial sites, but there have been instances when normal operational requirements prevented us from extending our monitoring program to the industrial sites. One such instance is the Melville Island area which has not been visited by our program unit for the past four years.

In addition to making routine visits to the communities and carrying out routine inspections throughout the region, the health officers work closely with relevant departments of the Territorial Government, Federal Agencies, Municipalities and the private sector to facilitate resolution of environmental health related problems.

One major drawback in the Environmental Health Program at the present time is the absence of regulations in some areas and the presence of antiquated regulations in other areas.

In an effort to address this situation, the N.W.T. Public Health Ordinance is presently under review and at the time of this writing it is expected that a revised edition will be available in the N.W.T. sometime in 1986. In addition to revising the N.W.T. Public Health Ordinance, the N.W.T. Swimming Pool Regulations were revised to reflect changes in the public swimming pool programs in the N.W.T. and it is expected that these regulations will be promulgated by June, 1985.

The N.W.T. Barber and Beauty Salon Regulations have now been promulgated and have proven instrumental in our efforts to upgrade poorly constructed or operated facilities to an acceptable public health standard.

In regard to the development of regulations to address those operations that are currently not subject to specific government standards, priority has been given to the development of regulations aimed at the retail marketing of food. During the past two years the draft N.W.T. Food Marketing Regulations have been revised on two occasions. Although it is difficult to forecast when the regulations will be promulgated, it is expected that the final draft will be sent to the Minister of Health, G.N.W.T. for signing before the end of the 85-86 fiscal year.

Incidents of food-borne illness caused by mishandling of food in the processing or retail phase have decreased substantially in the past decade in the Northwest Territories. When food-borne illnesses occur they are investigated by health officers and reports are sent to Territorial and Federal Epidemiologists, and to the Field Operations Directorate of the Health Protection Branch. Related incidents of food confiscation and food premises closures are coordinated by the Regional Environmental Health Officer, N.W.T. Region.

The Country Food Exchange Guidelines in the N.W.T. are a

very good reference document that outlines proper food handling practices to the participants in the N.W.T. Country Food Exchange Program. There is some concern, however, that most of the country foods that are sold in the N.W.T. are not subject to inspection and control. This concern became readily apparent during the past year when reports of Trichinosis and Brucellosis were confirmed in a variety of Arctic animals. In order to address the shortcomings of the present guidelines, Medical Services Branch has committed itself to establishing a multi-diciplined committee to revise the present guideline.

DENTAL HEALTH PROGRAM

Throughout 1984 dental services have been provided to the total population of the Northwest Territories through the coordination of several different government and private agencies utilizing various dental and para-dental auxiliaries. In all zones, clients have been provided with a complete spectrum of dental services including diagnostic, preventive, endodontic, periodontic, prosthetic, surgical and adjunctive oral procedures.

Delivery of acute care service is provided within all communities utilizing dental surgeons under contract to Medical Services Branch. These practitioners provide periodic treatment clinics on a fly-in basis in accordance with an established

schedule of community visits. Visitation schedules are decided by Medical Services and incorporated within the individual contract and/or contribution agreement. Private practitioners operating clinics within major centres provide services to all communities within the Inuvik and Mackenzie Zones, while the University of Manitoba provides services within the Keewatin area and Government of the Northwest Territories' employees service the Baffin communities. Additional acute care services as well as preventive and public health services are provided by dental therapists within several of the larger communities.

Dental Therapists are specially developed dental auxiliaries trained to operate solitary clinics based within one settlement but may also service one or two satellite communities. Therapists work from prescriptions of treatment provided for them by their supervising dentists, who for the most part in 1984 have been the staff dentists from the National School of Dental Therapy. For monitoring and treatment planning purposes, visits by supervising dentists are scheduled for each therapist at least twice a year. All therapists provide primary dental care, particularly to school-aged children, and are required to conduct a comprehensive dental prevention program within the communities they serve.

During 1984 there were nineteen (19) dental therapists operating clinics within the Northwest Territories for varying periods of time ranging from four (4) months to the full year. In total, all therapists provided services equivalent to 15.375 person

years. This is the largest number of therapists ever employed within the Northwest Territories during a calendar year and is an indication that the target of between 25-30 therapists for the Northwest Territories is possibly achievable. The Northwest Territories Region has twenty person years allocated to dental therapist positions. Currently only fourteen (14) positions are permanently staffed and it is presently anticipated that this situation cannot improve until more therapists graduate from the National School of Dental Therapy in June, 1985.

As in previous years, the National School of Dental Therapy held a prolonged undergraduate teaching clinic within the Northwest Territories. During 1984, Igloolik was the community choosen for the field clinic. Although the service component of these visits is not the primary objective of the school, these clinics provide some continuity of dental treatment within selected communities.

Utilization of dental therapists is beginning to impact in a positive manner within the Northwest Territories Region, as there are indications that treatment patterns within the school aged population are changing. Comparison of 1983 statistics with 1984 reflect that preventive services have increased by 32.19%, restorative services increased 1.37%, while periodontal services decreased 26.82% and surgical procedures showed a decline of 13.73%. These changes have occurred without a major effective increase in person year allocation during the period. The actual

increase in person year utilization during 1984 over 1983 only measured 0.375 person years.

During the year dentist services within the Inuvik Zone stabilized for the first time in seven (7) years. This resulted from the establishment of a second private clinic within Inuvik proper which began operating in January, 1984. In response to this manpower increase, Medical Services Branch entered into a long term contract to provide services which previously had to be provided by locum dentists on periodic short term contracts. This arrangement, in conjunction with an established contractor, provided services equivalent to 1.25 person years throughout the year.

In Mackenzie Zone, the sole provider contractual arrangement established in 1981, was dismantled and replaced with three contracts at equivalent service levels. This arrangement produced longer treatment clinics within individual communities and provided services equivalent to 1.5 person years.

As in the previous year, contract services within the Keewatin Zone provided services equivalent to 1.33 person years. During the year, a thrust towards establishment of a preventive program for this zone was initiated and DMFT data was collected from

communities services under the contract. This information will be analysed during 1985 with the view to establishing a baseline from which achievements and advancement of programs may be monitored and measured.

In the Baffin, services continue to be provided under the contribution agreement between Medical Services Branch and the Government of the Northwest Territories. Although the Baffin Regional Hospital Board has experienced difficulties with recruitment and retention of dental officers for this area, a service equivalent of 2.5 person years was achieved during the year. In addition, DMFT data was collected throughout the area by independent researchers from the Faculty of Dentistry, McGill University. This data will be analysed during the summer of 1985 and will provide a baseline from which to measure program advancement.

Comparison of dental treatment data collected during 1984 with similar data published for 1983 also indicates that treatment patterns are changing within the adult client groups, as was previously indicated by dental therapist data collected on the school aged population. Although the dental surgeon person year equivalent of 6.58% remained the same within both years, increased productivity and/or efficiency of operators in conjunction with changing treatment needs resulted in improvement in service levels. Restorative services increased 24.99%, surgical services

increased 7.69%, prosthetic procedures increased 22.78%, periodontal procedures increased 234.40%, and preventive services rose by 43.57%. The increase in surgical services is primarily related to improved service levels established within the Inuvik Zone during the year and impacts as an overall increased prosthetic service level for the Region. Although this is a poor situation, it demonstrates that the backlog of unmet needs are being addressed with the area.

Overall, the backlog of unmet basic dental treatment needs within the population adversely affects the dental program to an inappropriate extent, nevertheless, 1984 statistical data suggests that the magnitude of this effect is diminishing. The impact of the dental therapy program is reflected in increased preventive services for school aged children with decreased surgical and periodontal procedures. Adult treatment patterns indicate that there is a shift away from purely emergency type services towards delivery of comprehensive services to address rehabilitative needs. It is presently anticipated that this treatment pattern will persist during 1985.

DENTAL OFFICER FIELD REPORT
1984

SERVICE	INUVIK ZONE	MACKENZIE ZONE	KEEWATIN ZONE	BAFFIN ZONE	OUT OF TERRITORIES	TOTAL # OF TREAT.
Number of Appointments	4895	6763	2617	5422	215	19,912
Examinations	2456	4344	839	990	99	8,728
Prophylaxis	1231	2319	180	326	12	4,068
Radiographs	2055	2119	146	804	129	5,253
Topical Fluoride Treats.	299	848	101	57	2	1,307
Amalgams - single surf.	1764	3128	456	588	32	5,968
Amalgams - multiple surf.	1784	2353	367	672	46	5,222
Resin Restorations	1461	2346	187	453	51	4,498
Primary Extractions	310	812	326	1089	0	2,537
Permanent Extractions	1498	2070	887	1469	142	6,066
Periodontal Procedures	1494	1032	79	182	22	2,809
Other Treatments	834	622	915	2444	106	4,921
Dentures - complete	218	141	68	68	10	505
Dentures - partial	364	279	102	82	3	830
Dentures - rebased	101	93	62	19	1	276
Dentures - repaired	78	73	70	45	4	270

DENTAL THERAPIST FIELD REPORT
1984

SERVICE	INUVIK ZONE	MACKENZIE ZONE	KEEWATIN ZONE	BAFFIN ZONE	N.S.D.T. FIELD CLINIC	TOTAL # OF TREAT.
Number of Appointments	4254	5518	2769	3953	540	17,034
Examinations	582	1058	615	1066	260	3,581
Prophylaxis	1489	2829	1259	1306	116	6,999
Radiographs	1530	1736	737	1041	360	5,404
Topical Fluoride Treats.	682	689	220	555	116	2,262
Amalgams - single surf.	1218	1230	546	1477	443	4,914
Amalgams - multiple surf.	801	934	422	1031	249	3,437
Resin Restorations	220	169	237	356	51	1,033
Primary Extractions	268	220	197	371	76	1,132
Permanent Extractions	259	406	378	869	65	1,977
Pit & Fissure Sealants	901	937	271	413	208	2,730
Periodontal Procedures	126	423	190	274	40	1,053
Other Treatments	2901	4272	1002	2519	720	11,414

TUBERCULOSIS CONTROL

A review of the statistics compiled for the calender year 1984 showing an appreciable decline in the incidence of active tuberculosis is due mainly to the absence of an "outbreak" of the disease in any of the northern communities, and also to a fewer number of reactivations. A total of 20 cases was reported during the year with 14 new and 6 reactivated cases. Mackenzie Zone continued to show the highest number of cases while Baffin Zone reported only 1 case, the lowest of all zones and also a record low for Baffin Zone itself!

A look at the age distribution of these active cases confirms the fact that tuberculosis has become a disease of advanced age. With the exception of 2 infants who developed local complications after B.C.G. vaccination, there were only 2 Treaty-Indian teenagers with active disease, one of whom developed Primary T.B. exactly 13 years after B.C.G. vaccination at birth.

The table of 'forms and extent of disease' shows no cases of far advanced tuberculosis which indicates that diagnosis is being made early, thus improving the chances for a complete cure. A serious form of disease (Miliary - disseminated) occurred in an immigrant from Southeast Asia who had lived in Canada for over 12 years.

Analysis of the bacteriologic status of these 20 patients shows that only 5 of them were positive on direct microscopy (considered to be highly infectious), while 9 were positive by culture methods only (of questionable infectiousness). The remaining 6 patients did not show the presence of tubercle bacilli by standard bacteriologic methods. It should also be noted that 14 of the 20 patients had presented with symptoms when investigation for tuberculosis was initiated.

The Public Health Laboratory in Edmonton has reported that only 2770 specimens had been submitted for T.B. studies during the year, a decline of 38% from the previous year. This change indicates that providers of Primary Health Care in the N.W.T., nurses and physicians alike, have been readily ordering chest x-ray examinations instead of bacteriologic examinations of sputum, which are considered to be more productive and cost-effective.

Data previously retrieved from the existing computer bank will not be available for this report because of recent organizational and administrative changes with the T.B. Control Unit. Suffice it to say that B.C.G. vaccination of the newborn continues, while tuberculin skin-testing is being curtailed to include only selected individuals or occupational groups. Domiciliary drug-therapy (chemotherapy) has been encouraged and has been found to be acceptable and feasible. Compliance of patients has been fairly satisfactory. Chemoprophylaxis with Isoniazid (INH) alone has been

recommended for individuals who have met the criteria laid down by the Canadian Lung Association and by other International organizations.

Once again in 1984, there were no deaths directly attributable to active tuberculosis.

In conclusion, one should view the contents of this report with gratification as the outcome of nearly three decades of an intensive unrelenting fight against tubeculosis among the native population of Canada. Our success, however, should in no way detract from the seriousness and magnitude of the task that lies ahead. To accomplish our objectives we must continue to maintain constant vigilance and high-quality surveillance methods, always seeking active involvement of the target population and promoting close collaboration with other Departments and Agencies.

TUBERCULOSIS ACTIVITY REPORT
NORTHWEST TERRITORIES - 1984

ETHNIC GROUP	INDIAN			INUIT			OTHERS			ALL GROUPS		
YEAR	1984	1983	1982	1984	1983	1982	1984	1983	1982	1984	1983	1982
POPULATION	7,257	*11,070	7,154	17,460	16,915	16,280	24,799	20,702	23,619	49,516	48,687	47,053
NEW ACTIVE CASES	7	10	14	5	5	12	2	2	3	14	17	29
REACTIVATED CASES	2	6	1	3	9	3	1	-	1	6	15	5
CASES ON HOME T.B. DRUG THERAPY	49	64	35	55	63	35	8	19	12	112	146	82

* Indian population 1983 includes Metis

BACTERIOLOGICAL STATUS

OF NEW AND REACTIVATED TUBERCULOSIS CASES

NORTHWEST TERRITORIES - 1984

	DIRECT SMEAR		CULTURE ONLY		BIOPSY		NON-BACILLARY	
	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT
MACKENZIE ZONE								
Inuit					1		1	1
Indian	2		1	1	3		1	
Others		1	2					
TOTAL	2	1	3	1	4**		2	1
INUVIK ZONE								
Inuit	1		1					
Indian		1						
Others								
TOTAL	1	1	1					
KEEWATIN ZONE								
Inuit			1	1				
Indian								
Others								
TOTAL			1	1				
BAFFIN ZONE								
Inuit								1
Indian								
Others								
TOTAL								1

** 2 confirmed by culture

NEW AND REACTIVATED CASES OF TUBERCULOSIS (ALL FORMS)

NORTHWEST TERRITORIES 1984

	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970
NEW	14	17	29	22	26	34	42	50	44	48	51	38	48	73	87
RE-ACT	6	15	5	5	3	8	4	7	7	6	15	11	20	20	27
TOTAL	20	32	34	27	29	42	46	57	51	54	66	49	68	93	114

NEW AND REACTIVATED TB CASES - 1984

ZONE	NEW CASES	REACTIVATED CASES	TOTAL
MACKENZIE	11	3	14
INUVIK	2	1	3
KEEWATIN	1	1	2
BAFFIN	0	1	1
TOTAL	14	6	20

NEW & REACTIVATED TUBERCULOSIS CASES BY ZONE AND YEAR

NORTHWEST TERRITORIES 1984

ZONE	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970
MACKENZIE	14	11	20	15	16	28	35	40	27	21	33	22	25	30	41
INUVIK	3	7	5	2	5	4	2	4	7	6	7	8	5	6	11
KEEWATIN	2	3	1	4	3	2	1	0	2	10	13	6	11	9	16
BAFFIN	1	11	8	6	5	8	8	13	15	17	13	13	27	48	46
TOTAL	20	32	34	27	29	42	46	57	51	54	66	49	68	93	114

NEW AND REACTIVATED CASES OF TUBERCULOSIS
BY AGE, SEX AND RACIAL ORIGIN
1984

AGE GROUP	TOTAL			INDIAN			INUIT			OTHERS		
	T	M	F	T	M	F	T	M	F	T	M	F
0 - 4	2*	1	1	1	1		1		1			
5 - 9												
10 - 14	1		1	1		1						
15 - 19	1	1		1	1							
20 - 24												
25 - 29	1	1		1	1							
30 - 49	4	3	1				2	2		2	1	1
50 - 69	10	5	5	4	2	2	5	3	2	1		1
70 & Over	1		1	1		1						
TOTAL	20	11	9	9	5	4	8	5	3	3	1	2

* BCG complication - Lymphadenitis

TUBERCULOSIS CONTROL REPORT

	INDIAN		INUIT		OTHERS		TOTAL 1984		RECENT CONVERTERS
MACKENZIE ZONE	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	
Cambridge Bay			1				1		
Coppermine									
Edzo									
Fort Liard									
Fort Providence									
Fort Rae	4						4		
Fort Resolution		1						1	
Fort Simpson									
Fort Smith	1						1		
Fort Wrigley	1						1		
Gjoa Haven									
Hay River									
Holman Island									
Lac La Martre									
Pelly Bay									
Port Radium						1		1	
Rae Lakes									
Snare Lake									
Snowdrift									
Spence Bay			1	1			1	1	
Yellowknife	1				2		3		
TOTAL	7	1	2	1	2	1	11	3	
INUVIK ZONE									
Aklavik			1				1		
Arctic Red River									
Fort Franklin		1						1	
Fort Good Hope									
Fort McPherson									
Fort Norman									
Inuvik			1				1		

TUBERCULOSIS CONTROL REPORT

	INDIAN		INUIT		OTHERS		TOTAL 1984		RECENT CONVERTERS
INUVIK ZONE	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	NEW	RE-ACT	
Norman Wells									
Sachs Harbour									
Tuktoyaktuk									
TOTAL		1	2				2	1	
KEEWATIN ZONE									
Baker Lake				1				1	
Chesterfield In.									
Coral Harbour									
Eskimo Point									
Rankin Inlet			1				1		
Repulse Bay									
Sanikiluaq									
Whale Cove									
TOTAL			1	1			1	1	
BAFFIN ZONE									
Arctic Bay									
Broughton Island									
Cape Dorset									
Clyde River									
Frobisher Bay									
Grise Fiord									
Hall Beach									
Igloolik									
Lake Harbour									
Nanisivik									
Pangnirtung				1				1	
Pond Inlet									
Resolute Bay									
TOTAL				1				1	

OUT-PATIENTS ON ANTITUBERCULOSIS DRUG THERAPY

	CHEMOTHERAPY		CHEMOPROPHYLAXIS	
MACKENZIE ZONE	1984	1983	1984	1983
Cambridge Bay	1	-	-	-
Coppermine	-	-	1	1
Edzo	-	-	-	-
Fort Liard	-	-	-	-
Fort Providence	-	-	-	-
Fort Rae	6	3	6	7
Fort Resolution	1	-	1	-
Fort Simpson	-	-	-	-
Fort Smith	2	1	7	3
Fort Wrigley	2	-	-	-
Gjoa Haven	-	-	-	-
Hay River	3	1	2	-
Holman Island	-	-	-	-
Lac La Martre	-	-	-	-
Pelly Bay	1	1	-	-
Pine Point	-	-	-	-
Rae Lakes	-	1	-	-
Snare Lake	-	1	-	-
Snowdrift	-	-	-	-
Spence Bay	2	-	1	-
Yellowknife	7	5	7	3
TOTAL	25	13	25	14
INUVIK ZONE				
Aklavik	1	-	1	-
Arctic Red River	-	-	-	-
Fort Franklin	3	1	3	2
Fort Good Hope	2	3	1	1
Fort McPherson	1	1	-	-
Fort Norman	1	1	-	1
Inuvik	2	-	-	-
Norman Wells	-	-	-	-
Sachs Harbour	-	-	-	-
Tuktoyaktuk	-	-	1	-
TOTAL	10	6	6	4

OUT-PATIENTS ON ANTITUBERCULOSIS DRUG THERAPY

	CHEMOTHERAPY		CHEMOPROPHYLAXIS	
KEEWATIN ZONE	1984	1983	1984	1983
Baker Lake	1	-	1	-
Sanikiluaq	1	1	6	6
Chesterfield Inlet	1	-	2	-
Coral Harbour	-	-	1	-
Eskimo Point	1	1	1	-
Rankin Inlet	1	-	1	-
Repulse Bay	1	1	2	-
Whale Cove	-	-	-	-
TOTAL	6	3	14	6
BAFFIN ZONE				
Arctic Bay	1	1	-	-
Broughton Island	-	-	1	-
Cape Dorset	-	-	-	-
Clyde River	1	1	-	-
Frobisher Bay	3	5	6	4
Grise Fiord	-	-	1	-
Hall Beach	-	-	1	-
Igloolik	-	-	2	1
Lake Harbour	-	-	2	-
Nanisivik	-	-	-	-
Pangnirtung	4	3	1	3
Pond Inlet	-	-	2	-
Resolute Bay	-	-	1	-
TOTAL	9	10	17	8
TOTAL N.W.T. REGION	50	32	62	32

FORM AND EXTENT OF DISEASE

	FAR ADVANCED	MODERATELY ADVANCED	MINIMAL	PRIMARY	PLEURISY	MILIARY	EXTRA - PULMONARY	TOTAL
NEW CASES	0	3	4	1	1	1*	4**	14
% OF TOTAL	-	21%	29%	7%	7%	7%	29%	100%
REACTIVATED CASES	2	3	1	0	0	0	0	6
% OF TOTAL	33%	50%	17%	-	-	-	-	100%

* Diagnosed in Ontario (resident of Yellowknife)
** 1 Genital TB
3 Lymphadenitis (2 BCG complications)

COMMUNICABLE DISEASE PROGRAM

General Information

The year began in Frobisher Bay with involvement of the Infectious Disease Control Officer/Acting Health Educator in the Community Health Representative training program. The acting position continued until October 31, 1984.

In February, a presentation on the study of the use of silver nitrate for the prevention of ophthalmia neonatorum was given by a nurse-midwife researcher from Sweden.

An epidemiologic workshop was conducted in May which was attended by several program managers from Region and Mackenzie Zone.

The Pope's anticipated visit to Fort Simpson in September generated much activity throughout the Region. A disease surveillance system was organized, but due to excellent preparations by the Environmental Health Officers, disease occurrence was not exceptional.

Education of staff and the public regarding various infectious diseases continued to be a priority. Radio spots with CBC were taped on such subjects as diarrhoea in children, vaccine preventable diseases and sexually transmitted diseases.

On April 1, 1985 the Tuberculosis Control Unit will no longer exist and tuberculosis management will become a responsibility of the Infectious Disease Control Unit. Preparation for this transfer has already commenced.

Infectious Diseases - (Non-Sexually Transmitted Diseases)

Amoebiasis

There was one (1) case in Baffin Zone.

Botulism

Three (3) cases, in two separate incidents, were reported from Inuvik Zone, one of which resulted in dealth. In both incidents the source was thought to have been fermented muktuk.

Giardiasis

Many of the thirty-five (35) cases of giardiasis were in families who had been travelling outside of the Northwest Territories.

Trichinosis

Ten (10) cases were from the same community. The source for three (3) of these was infected walrus.

Vaccine Preventable Disease

Measles, Mumps, Rubella and Pertussis were diagnosed in fifty-seven (57) people, mostly children. Of these, thirty-seven (37) were completely immunized, two (2) incompletely immunized, eight (8) had none, and ten (10) were of unknown immunization status.

Non-notifiable Diseases

Varicella (chicken pox) was seen in epidemic proportions throughout the Region, mainly through November and December.

Several communities had numerous people with influenza and influenza-like illness.

Inuvik and Mackenzie Zones reported several cases of Scarlet fever.

One Keewatin community reported twenty (20) cases of coxsackie virus hand-foot-and-mouth disease in children eight (8) months to five (5) years.

In Baffin Zone there were twenty-seven (27) cases of gastroenteritis reported from one community, possibly related to a water supply. In another, fourteen (14) cases of oral herpes simplex virus disease were reported in children under two (2) years of age.

OTHER INFECTIOUS DISEASES
Other than Sexually Transmitted Diseases

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL-NWT
Botulism	1984	3	0	0	0	3
(005.1)	1983	0	0	0	0	0
	1982	0	2	0	0	2
Brucellosis	1984	0	0	1	3	4
(023)	1983	0	0	1	2	3
	1982	0	0	0	2	2
Diphtheria	1984	0	0	0	0	0
(032)	1983	2	1	0	1	4
	1982	1	0	0	0	1
Giardiasis	1984	7	12	2	14	35
(007.1)	1983	17	15	4	7	43
	1982	Not reportable for this year				
Hepatitis (A)	1984	1	1	0	0	2
(070.1)	1983	0	1	0	1	2
	1982	1	3	0	1	5
Hepatitis (B)	1984	0	4	0	1	5
(070.3)	1983	1	8	0	3	12
	1982	3	2	3	1	9
Hepatitis, other	1984	1	0	0	1	2
viral	1983	0	0	0	0	0
	1982	0	0	0	0	0
Measles	1984	3	24	0	8	35
(005)	1983	3	6	1	18	28
	1982	4	19	3	5	31
Meningitis	1984	0	3	1	5	9
Haemophilus	1983	0	1	7	3	11
(320)	1982	0	4	7	3	14
Meningitis	1984	0	2	1	0	3
Pneumococcal	1983	0	2	1	2	5
(320.1)	1982	0	0	0	0	0
Meningitis	1984	1	6	0	3	10
Bacterial	1983	0	3	0	8	11
Unspecified (322.9	1982	2	6	0	6	14

OTHER INFECTIOUS DISEASES (cont'd)

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL-NWT
Meningitis Viral (047)	1984	0	0	0	0	0
	1983	0	0	0	0	0
	1982	0	3	1	1	5
Meningococcal Meningitis (036)	1984	2	0	0	0	2
	1983	0	1	0	1	2
	1982	0	1	0	0	1
Mumps (072.9)	1984	3	3	7	0	13
	1983	0	5	4	1	10
	1982	17	16	2	0	35
Pertussis (033)	1984	0	0	1	0	1
	1983	1	0	0	0	1
	1982	0	1	1	0	2
Rubella (056)	1984	0	6	0	3	9
	1983	8	5	1	0	14
	1982	0	7	0	0	7
Salmonellosis (003)	1984	3	21	0	6	30
	1983	1	2	11	1	15
	1982	5	13	7	9	34
Shigellosis (004)	1984	2	17	0	0	19
	1983	2	6	0	1	9
	1982	1	7	3	1	12
Trichinoses (124)	1984	0	0	2	10	12
	1983	0	0	0	0	0
	1982	0	0	2	0	2
Food Poisoning (005.9)	1984	None reported except Botulism, see above.				
	1983	0	0	0	0	0
	1982	0	1	0	0	1

SEXUALLY TRANSMITTED DISEASES

Syphilis and Other Sexually Transmitted Diseases, Except Gonorrhoea

There were three (3) cases of syphilis reported this year.

Female, 32 years old - primary.

Female, 29 years old - primary.

Female, 24 years old - secondary.

TOTAL 1984 = 3 cases

Gonorrhoea

Gonorrhoea is reported as confirmed or unconfirmed using the following criteria:

(1) Confirmed - includes micro-positive and clinically accepted cases from isolated areas. Clinical will NOT be accepted if other pathogens are found or if such cases are from Yellowknife, Inuvik, Fort Smith or Frobisher Bay where clinical laboratories exist.

(2) Unconfirmed - includes all suspected Gonorrhoea cases treated and not included in (1) except for various reasons. Micro-positive and clinically accepted cases were reported to Statistics Canada. Unconfirmed cases were NOT reported to Statistics Canada.

CHANGES IN INCIDENCE OF GONORRHOEA IN N.W.T.

1982	1983	1984	1984 change from 1983
40 Confirmed	1659 Confirmed	1401 Confirmed	16% decrease
11 Unconfirmed	923 Unconfirmed	785 Unconfirmed	15% decrease
51 TOTAL	2582 TOTAL	2186 TOTAL	15% DECREASE

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (CONFIRMED CASES)

ONE	1982	1983	1984	1984 change from 1983
nuvik	401	376	403	7% increase
ackenzie	613	725	606	16% decrease
eewatin	162	169	159	6% decrease
affin	564	389	233	40% decrease

CHANGES IN INCIDENCE OF GONORRHOEA BY ZONE (UNCONFIRMED CASES)

ONE	1982	1983	1984	1984 change from 1983
nuvik	236	180	208	16% increase
ackenzie	503	401	285	29% decrease
eewatin	197	114	145	27% increase
affin	275	228	147	36% decrease

NGES IN INCIDENCE OF GONORRHOEA BY ZONE (CONFIRMED AND UNCONFIRMED, COMBINED)

ONE	1982	1983	1984	1984 change from 1983
nuvik	637	556	611	10% increase
ackenzie	1116	1126	891	21% decrease
eewatin	359	283	304	7% increase
affin	839	617	380	38% decrease

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (CONFIRMED)

0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age??	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	4	0	8	2	10	154	158	333	159	190	70	180	42	68	17	3	2	1	0

TOTAL - 1401

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (UNCONFIRMED)

0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age??	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	0	0	0	1	10	62	130	127	131	71	71	78	55	27	20	1	0	1	0

TOTAL - 785

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (ALL CATEGORIES COMBINED)

0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age ??	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	4	0	8	3	20	216	288	460	290	261	141	258	97	95	37	4	2	2	0

TOTAL - 2186

GONORRHOEA EPIDEMIOLOGY

ZONE	Number of Contacts Reported	Number of Contacts Located & Treated	Percentage of Contacts Located and Treated
Inuvik	760	638	84%
Mackenzie	1259	1052	84%
Keewatin	272	234	86%
Baffin	615	552	90%
Outside contacts	25	2	8%
N.W.T. TOTAL	2931	2478	85%

N.W.T. GONORRHOEA RATES PER 100,000 POPULATION

	N.W.T. Population 1984 49,516	N.W.T. Population 1983 48,687	Canada Population 1983 24,888,400
Confirmed: cases	1401	1659	45,272
rate	2829/100,000	3408/100,000	181.9
Unfonfirmed: cases	785	922	does not report
rate	1585/100,000	1896/100,000	unconfirmed cases
Combined: cases	2186	2581	does not report
rate	4415/100,000	5303/100,000	unconfirmed cases

GONORRHOEA RATES (CONFIRMED & UNCONFIRMED) PER 100,000 POPULATION BY ZONE

ZONE	1984	1983	Rate increase or decrease
Inuvik	7412/100,000	6739	10% increase
Mackenzie	3256/100,000	4155	22% decrease
Keewatin	5993/100,000	5739	4% increase
Baffin	4301/100,000	7338	41% decrease

GONORRHOEA RATES (CONFIRMED & UNCONFIRMED) PER 100,000 POPULATION BY ETHNIC GROUPS

	1984	1982	Rate increase or decrease
Dene	7524/100,000	8233	9% decrease
Inuit	5893/100,000	9975	41% decrease
Other	2464/100,000	3125	21% decrease

1983 rate comparisons have been deleted due to the Indian population being included with non-satus Indians.

ANALYSIS OF REPORTED STDs BY LABORATORY RESULTS
Reporting Period December 26, 1983 to December 22, 1984

Total Males Reported - 1,299

	Without T. Vaginalis/ C. Albicans	With T. Vaginalis only	With C. Albicans only	With T. Vaginalis & C. Albicans	TOTALS
Pos. gram stain for N. gonorrhoea	489	0	3	0	492
Neg. gram stain/Pos. culture for N. gonorrhoea	130	0	0	0	130
Neg. gram stain/Neg. culture/more than 5 pus cells per high power field	91	0	0	0	91
Neg. gram stain/Neg. culture/less than 5 pus cells per high power field	456	1	2	0	459
No laboratory reports received					127
TOTAL					1299

Total Females Reported - 887

	Without T. Vaginalis/ C. Albicans	With T. Vaginalis only	With C. Albicans only	With T. Vaginalis & C. Albicans	TOTALS
Pos. gram stain for N. gonorrhoea	138	17	0	0	155
Neg. gram stain/Pos. culture for N. gonorrhoea	110	13	0	0	123
Neg. gram stain/Neg. culture/more than 5 pus cells per high power field	213	0	2	0	215
Neg. gram stain/Neg. culture/less than 5 pus cells per high power field	262	1	3	1	267
No laboratory reports received					127
TOTAL					887

The totals reported here will not correspond with the Statistics Canada totals because Statistics Canada does not report unconfirmed cases.

'FORT FRANKLIN'

VanBrudger 85

NATIONAL NATIVE ALCOHOL AND DRUG ABUSE PROGRAMS

Aklavik Alcohol Action Committee

This project's main objective is to provide a centre for youth and adults for the purpose of providing one-to-one counselling for those individuals seeking help and treatment in the area of alcohol and drug abuse.

Juvenile Rehabilitation

The rehabilitation project in Aklavik was in operation from October 1982 until December 1984. It was staffed with four full time counsellors and one part-time counsellor on a rotational basis with the drop-in centre in Aklavik. The project dealt with solvent abuse, teaching related to culture, slide and film presentations, storytelling and counselling. The program closed due to lack of client referrals, concern over properly trained counsellors and poor bookkeeping.

Akiuqtit - Baker Lake

The project is staffed with one coordinator, two counsellors and one part-time bookkeeper. The prevention program provides a counselling service through the use of a centre which is open three

evenings a week. The project objectives are counselling to all age groups, A.A. groups twice a week, alcohol education in the school, and regular and special meetings of the committee. The committee meets once or twice a month.

Katimavik Centre - Cambridge Bay

The centre is staffed with three counsellors and provides to the community counselling, alcohol education in the school, crisis intervention, follow-up and resource materials. Katimavik centre is a crisis centre, but private shelters are its main source of housing forbattered women, children and occasionally men. The counsellors provide individual and group counselling. Cambridge Bay is funded by two Governmental departments-Government of the Northwest Territories and N.N.A.D.A.P. The Katimavik Centre is open eight hours on week days and four hours on week nights.

Kingait Substance Abuse, Cape Dorset

This program is staffed with three counsellors and one part-time book- keeper. This program is a preventative program, and it's main goal is to provide counselling, do home visits, school visits, group, family and individual counselling. Referrals to rehabilitation centre, interpreting/translating and current life culture and education.

Coppermine Awareness Centre, Coppermine

The project provides to the community individual, family and group counselling, A.A. group meetings, education for young and old on current lifestyles where cultural awareness can be taught, education awareness in the school and referral services. The project is funded through the Hamlet Council, which set up a drug and alcohol committee of concerned citizens. Counsellors also distribute alcohol related materials, pamphlets and posters. Presently there is one coordinator and one counsellor on staff.

Ikayoktit Committee, Eskimo Point

Presently the program is staffed with one counsellor, one trainee and one full time secretary/bookkeeper. The counsellors provide an alcohol and drug education program in the school. They also prevent alcohol and drug use by taking young people and educating them in the cultural Inuit lifestyle. They also provide individual and group counselling, and referrals to rehabilitation centres. Ikayoktit committee has regular meetings and special meetings once a month.

Alcohol Program, Pond Inlet

The program provides alcohol and drug education in the school, as well as counselling by two full-time counsellors to individuals, groups and families. They also provide and develop an information system on the abuse of drugs and alcohol. A cultural

program was set up to teach young offenders lifeskills on the land.

Child Development Centre, Fort Norman

The centre is staffed with three full time workers and is in its sixth year of operation. The program continues to provide cognitive, social, physical, spiritual and emotional counselling. The centre hopes to provide children with social and educational activities apart from troubled families caused by alcohol and drug problems, and offer a better life for the children. This program is open ten months out of the year.

Yhati Koe Alcohol Program, Fort Providence

The program is staffed with two full-time counsellors which provide counselling to individuals, families and groups. They also implement educational programs on alcohol awareness in the schools. Counsellors also develop referral services, distribute pamphlets and slides in both English and Slavey. Counsellors also do research on alternatives to the abuse of alcohol.

Fort Simpson Area Counselling

There are presently two counsellors and one part time book-keeper operating the centre in Fort Simpson. The counsellors work out of the Deh Cho Society Friendship Centre. The counsellors counsel people and provide referrals when needed. They also

provide alcohol and drug education in the local school. The counsellors have developed a curriculum for the Fort Simpson area in alcohol and drug education, and have attempted to find alternatives for teenagers and adults outside of the alcohol and drug situation. Counselling is also provided in the surrounding areas of Kakisa Lake, Trout Lake and Nahanni Butte. They also provide home visits, family, group and individual counselling with the use of films, slides, audio visual aids and posters. Support for the program can be found from the Friendship Centre, the Alcohol Committee, the Band Mayor of Fort Simpson and the Band Counsellors.

Fort Smith Alcohol Project, Roaring Rapids

The program has been in operation since 1982. It has three full-time counsellors, two part-time counsellors and one part-time bookkeeper. Main objectives are to meet the needs of the Fort Smith residents who are seeking help for alcohol and drug re-lated problems, referrals to treatment, follow-up services,and to provide alcohol/drug awareness programs to the residents, organize alcohol workshops in the field and provide information and mater-ials for clients. They also provide a drop-in centre for the public.

Fort Norman Drop In Centre

The centre is presently staffed with two full-time councel-lors. Their main objective is to provide assistance to the young and elderly in solving their problems in alcohol and drug abuse.

Many young people over the age of sixteen (16) drink excessively. The centre is situated in an area of strength and support to avoid drinking. The centre is open six days a week from Monday through Saturday.

Basic Awareness Program, Fort Franklin

The centre has two full-time counsellors and is open from one to five in the afternoons and seven to ten in the evenings. Counselling is provided to individuals, families and groups. Home visits, and alcohol/drug/solvent education is provided in the school. During the evening, counselling is initiated at the drop-in centre as an alternative to the drinking program. Sessions on alcohol, drug and solvent abuse is presented to youth groups and women. The counsellors also hold discussions on films and bring in resource people (Nurses, R.C.M.P.) to give presentations to the community. On fridays C.B.O.O., the local radio station, gives information on weekly activities and updates on drug and alcohol abuse in both English and Slavey. On Tuesdays, counsellors renew all brochures and posters in the community.

Fort Good Hope Alcohol Program

There is one part-time secretary and three counsellors employed at the centre who provide services to individuals, families and groups. They also do home visits, referrals and after evening programs on alternatives from drinking, and provide counselling and support for anyone with alcohol related problems.

Tree of Peace, Yellowknife

The Tree of Peace has been operating for six years. They presently have three full-time counsellors working at the centre. Their main objective is to provide an Alcohol Awareness Program for the native people in Yellowkife, and to encourage a change in their drinking lifestyle habits. The counsellors document and collect data towards determining the causes of alcohol abuse among the people in the area served, and promote the preservation of the Dene culture. The program also provides services to the Dene of Detah, Yellowknife and surrounding areas, street and home visits, drop in visits and hospital visits. They have also developed a library on alcohol information. Counselling is provided to individuals, families and groups, and Alcohol Awareness presentations on alcohol and drug abuse are held at the Detox Centre and Yellowknife Correction Centre.

Snowdrift Alcohol Program

The program started operating in October 1982. It presently has two full-time counsellors employed at the centre. Individual counselling is on a regular basis, as well as group counselling. They also will continue with referral service for individuals requiring more treatment. Distribution of information is done through pamphlets and posters, and the showing of films and slides. They also make people aware of the program through a local radio station.

Sappujjijit, Rankin Inlet

Presently the program is staffed with two full-time counsellors. The centre's main goal is to supervise the community work orders as directed by the Magistrate's Court. They also counsel individuals and groups during alcohol and drug sessions and do home visits to handicapped and housebound clients. The counsellors attend court hearings and give moral support in alcohol and drug related problems, as well as organizing activities for visiting groups such as high school students, and refer clients to establish work or land skill programs. Announcements are made on the local radio station concerning Alcohol and Drug awareness, and in addition the counsellors follow-up inmates from Correctional Centres in Frobisher Bay and Yellowknife.

Hay River Dene Reserve

There is one coordinator and one worker in the program. The program's goal is to deliver a community designed Alcohol and Drug Abuse Program to the members of the Hay River Dene Band which will enhance social, economic and cultural preservation of the individuals. They also provide counselling to groups, families and individuals. The counsellors provide referral services, follow-up, consultation with other agencies, home and hospital visits, and meet with inmates at the Correctional Centre.

NORTHERN MEDICAL RESEARCH UNIT

The Northern Medical Research Unit was established in 1964 to review research activities of importance to Northern Populations and Northern environments reported by Canadian and Foreign researchers. The unit assesses the need for further research, stimulates and coordinates such research by Canadian scientists, and did in the past organize and participate in research in areas of need specified by the Regional Headquarters and field personnel. The unit consults all levels of Medical Services on new research information resulting from reviewing and conducting research of interest to Northern Health workers and relating to practical health problems of Northern residents.

The unit refrained in the last two years from personal involvement in new research projects as the only remaining member in the unit was nearing mandatory retirement in October 1984.

Search for a successor to the Director of the Medical Research Unit, likely to be located at Branch Headquarters, continued in collaboration with Senior Headquarters personnel in Ottawa.

In the meantime, a contract has been negotiated to fulfill

previous functions until a successor can effect an orderly transfer. The N.W.T. Water Board holds regular hearings in Yellowknife and frequent public hearings in N.W.T. settlements for new or renewed sewer licences of municipalities and/or new mining, oil or pipeline developments.

The Northern Medical Research Unit organized Canadian participation in the 6th International Symposium on Circumpolar Health held May 13-18 in Anchorage, Alaska. Canadian scientists, physicians, nurses and others engaged in health work in the Canadian North presented 65 of some 250 papers submitted, a vast increase compared to the first such conference held two decades ago.

CIVIL AVIATION MEDICINE - WESTERN REGION

Civil Aviation Medicine is a division of Medical Services Branch responsible for providing aeromedical advice to Transport Canada regarding the licensing assessments of aircrew, the education of aircrew and approved medical examiners and assistance with the human factors aspect of aircraft accidents.

Western Region of Transport Canada includes all of Alberta, the N.W.T. north of Alberta, the Yukon and part of northeastern B.C. In this region all aircrew medicals are submitted to Edmonton. To date, license assessment has been entirely a manual affair and therefore there are no statistics available regarding aircrew licenses held, and specifically none for the N.W.T.

Aeromedical education in the N.W.T. was limited once again in 1984 with the only lectures being provided for the flight attendants of Northwest Territorial Airways in Yellowknife on June 23, 1984.

Aeromedical participation was included in investigations of the fatal accidents at Yellowknife in February and Fort Franklin in October.

ANNUAL REPORT ON HEALTH CONDITIONS 1984

AMENDMENT: PLEASE INSERT

1. Page 21, paragraph 2, sentence 2 should read:
   The Indian birth rate of 28.8 was lower than the 1983 rate of 31.8.

2. Page 31
   Revised Vital Statistic - 1984 chart.

3. Page 50 to 54

MACKENZIE ZONE	PATIENTS	SERVICES
14. Public Health General	4,229	6,252
Sub Total	17,893	51,797
Total	34,820	80,231

INUVIK ZONE	PATIENTS	SERVICES
14. Public Health General	3,732	4,954
Sub Total	8,440	23,345
Total	19,784	42,773

KEEWATIN ZONE	PATIENTS	SERVICES
14. Public Health General	7,849	9,634
Sub Total	12,268	26,714
Total	28,245	54,281

BAFFIN ZONE	PATIENTS	SERVICES
14. Public Health General	8,645	8,963
Sub Total	16,336	42,460
Total	32,336	70,540

N.W.T. REGION	PATIENTS	SERVICES
14. Public Health General	24,455	29,803
Sub Total	54,937	144,316
Total	115,185	247,825

4. Page 48, paragraph 4 should read:
   In the Northwest Territories 115,185 clients were seen with 247,825 services being performed by the nurses in the field.

   As indicated under the heading of Active Treatment, 60,248 patients were seen and 103,509 services performed by nurses in nursing stations and health units throughout the Northwest Territories. This is an increase of 2,738 patients and 6,863 services as compared with 1983.

   Public Health indicates 54,937 patients were seen and 144,316 services performed. These figures show an increase of 8,382 patients and decrease of 5,670 services compared with 1983 figures.

5. Revised Immunization Charts are attached to reflect updated population figures.

REPORTED IMMUNIZATION STATUS-1984
REGION

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 1,311	D.P.T.	79.71	13.80
	Polio	79.99	13.08
	Measles	53.97	0
	B.C.G.	63.39	0
PRE-SCHOOL 1-4 4,775	D.P.T.	89.65	9.04
	Polio	92.64	6.29
	Measles	94.02	0
	Mumps	91.62	0
	Rubella	92.15	0
	B.C.G.	67.10	0
SCHOOL-AGE 5-19 16,291	Diphtheria/Tetanus	86.07	2.80
	Polio	85.39	2.59
	Measles	77.69	0
	Mumps	68.10	0
	Rubella	73.56	0
	B.C.G.	65.87	0
	Smallpox	3.80	0

REPORTED IMMUNIZATION STATUS-1984
INDIAN

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 200	D.P.T.	71.00	13.50
	Polio	70.50	13.00
	Measles	41.50	0
	B.C.G.	75.50	0
PRE-SCHOOL 1-4 835	D.P.T.	89.47	6.59
	Polio	91.74	5.03
	Measles	91.74	0
	Mumps	76.77	0
	Rubella	76.77	0
	B.C.G.	82.16	0
SCHOOL-AGE 5-19 2,520	Diphtheria/Tetanus	96.74	3.26
	Polio	96.90	3.10
	Measles	96.04	0
	Mumps	85.72	0
	Rubella	93.54	0
	B.C.G.	93.81	0
	Smallpox	7.27	0

REPORTED IMMUNIZATION STATUS-1984
INUIT

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 534	D.P.T.	86.14	13.86
	Polio	87.82	12.18
	Measles	55.06	0
	B.C.G.	98.88	0
PRE-SCHOOL 1-4 2,057	D.P.T.	93.34	6.66
	Polio	94.50	5.50
	Measles	97.16	0
	Mumps	99.62	0
	Rubella	99.66	0
	B.C.G.	91.93	0
SCHOOL-AGE 5-19 7,190	Diphtheria/Tetanus	87.64	2.38
	Polio	85.43	2.26
	Measles	66.57	0
	Mumps	54.40	0
	Rubella	63.81	0
	B.C.G.	76.51	0
	Smallpox	.95	0

REPORTED IMMUNIZATION STATUS-1984
OTHER

MIDYEAR POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 577	D.P.T.	81.98	14.04
	Polio	81.63	14.04
	Measles	65.34	0
	B.C.G.	15.78	0
PRE-SCHOOL 1-4 1,883	D.P.T.	86.14	13.86
	Polio	91.66	8.34
	Measles	93.15	0
	Mumps	98.46	0
	Rubella	100.00	0
	B.C.G.	27.19	0
SCHOOL-AGE 5-19 6,581	Diphtheria/Tetanus	73.82	2.75
	Polio	73.84	2.40
	Measles	70.45	0
	Mumps	64.17	0
	Rubella	63.31	0
	B.C.G.	27.29	0
	Smallpox	3.18	0